



## National Resource Center on Homelessness and Mental Illness

### Research Methods and Measures

March 2003

*Resources listed herein are a selection of materials available on this topic. Many are available from your local library or inter-library loan. Unless otherwise noted, all other materials are available from the National Resource Center on Homelessness and Mental Illness. Photocopying charges are \$.10 per page; make checks payable to **Policy Research Associates, Inc.** If you have difficulty locating any of the materials listed in this bibliography, please contact the Resource Center at the phone number or e-mail address below.*

**Authors:** Allen, J.P., Columbus, M. (eds.). **Order #** 8264

**Title:** Assessing Alcohol Problems: A Guide for Clinicians and Researchers.

**Source:** Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, 1995. (Guide: 573 pages)

**Abstract:** This guide provides a comprehensive look at assessing alcohol problems for clinicians and researchers. It begins with a general overview summarizing important features of formal alcohol assessment. This is followed by a Quick Reference Instrument Guide listing each instrument provided in the guide and providing at-a-glance comparisons for usage. The guide then provides information on the following assessment domains: screening; diagnosis; assessment of drinking behavior; treatment planning; treatment and process assessment; and outcome evaluation. The last section of the guide presents copies of the instruments arranged alphabetically, each immediately preceded by a fact sheet that summarizes administration, scoring, and interpretation and notes copyright status and how to obtain copies of scales. AVAILABLE FROM: National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161, (800) 553-6847, www.ntis.gov.

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**Authors:** Argeriou, M., McCarty, D., Mulvey, K. and Daley, M. **Order #** 2705

**Title:** Use of the Addiction Severity Index With Homeless Substance Abusers.

**Source:** Journal of Substance Abuse Treatment 11(4): 359-365, 1994. (Journal Article: 7 pages)

**Abstract:** This article responds to the need for validation data on the use of the Addiction Severity Index (ASI) with homeless and near homeless men and women. According to the authors, ASI is a widely adopted assessment instrument that provides severity ratings of the multiple problems exhibited by alcohol and drug dependent persons and allows for quantitative assessment of client status over a period of time. Particular attention is given to the use of ASI composite scores as a measure of treatment outcome (authors).

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**Authors:** Atkinson, M., Zibin, S., Chuang, H. **Order #** 6432

**Title:** Characterizing Quality of Life Among Patients With Chronic Mental Illness: A Critical Examination of the Self-Report Methodology.

**Source:** American Journal of Psychiatry 154(1): 99-105, 1997. (Journal Article: 7 pages)

**Abstract:** The authors describe a study which aimed: (1) to characterize the quality of life of three patient groups with chronic mental illness; (2) to evaluate differences in reported life quality among the three groups; and (3) to evaluate the validity of a self-report methodology by comparing these results with several objective indicators of life quality. The study group consisted of chronically mentally ill patients with schizophrenia (n=69), bipolar disorder (n=37), or major depressions (n=35). The two groups with mood disorders reported significantly lower scores on the Quality of Life (QOL) Index than the patients with schizophrenia. The scores on the QOL Index for patients with schizophrenia were very similar to those of the comparison group of physically ill patients. The opposite trend emerged when groups were compared with respect to objective indicators of life quality. Schizophrenic patients experienced more objectively aversive life circumstances than either of the affectively disturbed groups. The authors question the validity of self-reported measures of life satisfaction, particularly for use with affectively disturbed populations, since scores may be influenced by affective bias, poor insight, and recent life events (authors).

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**Authors:** Banks, S., McHugo, G.J., Williams, V., Drake, R.E., Shinn, M. **Order #** 11695

**Title:** A Prospective Meta-Analytic Approach in a Multisite Study of Homelessness Prevention.

**Source:** New Directions for Evaluation (94): 45-58, 2002. (Journal Article: 14 pages)

**Abstract:** This article focuses on The Collaborative Program to Prevent Homelessness, a multisite study designed to identify promising approaches to preventing homelessness among persons with substance abuse and mental disorders and to explore the relative effectiveness of these approaches. The article discusses this multisite study designed to

explore the relative differences of several interventions developed to ameliorate homelessness among persons with mental illness and substance abuse disorders. The authors describe an innovative, prospective meta-analytic approach to the analysis of multisite data when cross-site variation does not allow for the pooling of data (authors).

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**Authors:** Bates, D.S., Toro, P.A. **Order #** 8060

**Title:** Developing Measures to Assess Social Support Among Homeless and Poor People.

**Source:** Journal of Community Psychology 27(2): 137-156, 1999. (Journal Article: 20 pages)

**Abstract:** This article assesses two commonly employed measures of social support in a sample of 144 homeless and poor adults. Both the Interpersonal Support and Evaluation List (ISEL) and Social Network Interview (SNI) demonstrated acceptable psychometric properties. Reliability coefficients over a one-week interval ranged from 0.62 to 0.85 for ISEL variables and 0.74 to 0.82 for several key SNI variables. A number of significant predictors of variables from one or both of the measures were identified which supported the construct validity of the measures and were generally consistent with prior research on homeless and similar samples. These predictors included gender, current psychological distress, a diagnosis of severe mental illness, and amount of time spent homeless.

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**Authors:** Becker, M. **Order #** 3494

**Title:** Quality of Life Instruments for Severe Chronic Mental Illness: Implications for Pharmacotherapy.

**Source:** Madison, WI: Mental Health Research Center, 1994. (Report: 14 pages)

**Abstract:** This report reviews the status of quality of life research in mental health published through 1993. It describes conceptual and methodological approaches; reviews quality of life instruments developed for persons with serious mental illnesses; and discusses the implications for pharmacotherapy. AVAILABLE FROM: Mental Health Research Center, 88 Post Road West, Westport, CT 06881, (800) 225-5800, [www.greenwood.com](http://www.greenwood.com).

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**Authors:** Becker, M., Diamond, R., Sainfort, F. **Order #** 5642

**Title:** A New Patient Focused Index for Measuring Quality of Life in Persons with Severe and Persistent Mental Illness.

**Source:** Madison, WI: Mental Health Research Center, Research Paper Series 34, 1994. (Journal Article: 14 pages)

**Abstract:** The authors discuss a study which describes preliminary steps in the development, testing and application of a new patient index for measuring quality of life in persons who have serious mental illness. The Quality of Life Index for Mental Health (QLI-MH) differs from existing instruments in that it is based on an easy to use, self-administered questionnaire that assesses nine separate domains that together encompass quality of life. Each domain can be individually weighted depending on its relative importance to the patient. Different parts of the instrument solicit information from the patient, the primary clinician and, when available, the family. The instrument and its scoring system address limitations of previous approaches to quality of life measurement. AVAILABLE FROM: Mental Health Research Center, 1180 Observatory Drive, Madison, WI 53706, (608) 262-1961.

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**Authors:** Bellavia, C.W., Toro, P.A. **Order #** 8038

**Title:** Mental Disorder Among Homeless and Poor People: A Comparison of Assessment Methods.

**Source:** Community Mental Health Journal 35(1): 57-67, 1999. (Journal Article: 11 pages)

**Abstract:** This article assessed mental disorders among 144 homeless and poor adults using four different methods: (1) history of psychiatric hospitalization;(2) structured clinical interview;(3) self-report symptom checklist; and(4) interviewer ratings. These four methods yielded divergent estimates of mental illness, ranging from three to 70%.

Correlations assessing the degree of overlap among the measures were generally modest in magnitude. The results suggest that the variation in rates of mental illness across existing studies is due to methodological differences and that, with the exception of the structured interview, the various methods fail to adequately distinguish mental disorder from substance abuse (authors).

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**Authors:** Blankertz, L.E., Cnaan, R.A. **Order #** 11666

**Title:** Assessing the Impact of Two Residential Programs for Dually Diagnosed Homeless Individuals.

**Source:** Social Service Review 68 (4): 536-560, 1994. (Journal Article: 25 pages)

**Abstract:** In this article, the authors evaluate two residential programs for dually diagnosed homeless individuals in Philadelphia and were compared in a quasi-experimental field study. Findings indicated that the experimental model, a hybrid psychosocial and drug rehabilitation program, did significantly better in maintaining clients in care and in successful rehabilitation than did the comparison model, a modified therapeutic community program. However, the overall rate of success in both programs was modest. The authors used Emile Durkheim's concepts of organic and mechanical solidarity to be useful in comparing the structure of the two programs. Because of the small number of clients treated by these programs and the unique characteristics of this urban population, findings are not conclusive but clarify direction for further practice and study (authors).

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**Authors:** Boote, J., Telford, R., Cooper, C. **Order #** 11727

**Title:** Consumer Involvement in Health Research: A Review and Research Agenda.

**Source:** Health Policy 61: 213-236, 2002. (Journal Article: 24 pages)

**Abstract:** This paper critically reviews the state of our knowledge on the issue of consumer involvement in health research, and maps out a research agenda. The authors discuss definitions of the consumer, consider why consumer involvement is believed to be important to health research, and trace the development of the policy. This paper also analyzes the epistemological and methodological implications of the policy, discusses the various levels of consumer involvement in research, and outlines the objections to the policy that have been put forward by clinicians and researchers (authors).

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**Authors:** Boris, N.W., Heller, S., Shepard, T., Zeanah, C. **Order #** 11971

**Title:** Partner Violence Among Homeless Young Adults: Measurement Issues and Associations.

**Source:** Journal of Adolescent Health 30(5): 355-363, 2002. (Journal Article: 9 pages)

**Abstract:** This article discusses the findings of a study done to test the reliability of the Partner Violence Interview and examine validity by measuring differential correlates of partner violence. According to the authors, The Partner Violence Interview is a reliable, comprehensive instrument suited to high-risk populations. The article concludes that homeless young adults commonly experience severe partner violence, and preventative intervention is clearly indicated for this group (authors).

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**Authors:** Burlingame, G.M., Lambert, M.J., Reisinger, C.W., Neff, W.M. and Mosier, J. **Order #** 3297

**Title:** Pragmatics of Tracking Mental Health Outcomes in a Managed Care Setting.

**Source:** The Journal of Mental Health Administration 22(3): 226-236, 1995. (Journal Article: 10 pages)

**Abstract:** In this article, administrative practices, and technical issues concerning managed mental health care are addressed by a group of academically-based researchers and administrators from two large managed health care organizations. Principles related to the measurement of outcomes, instrument selection, and obstacles to the implementation of an ongoing program to assess mental health treatment outcomes are identified. Finally,

principles for successfully changing mental health provider behavior toward outcome assessment and the implications of such for mental health delivery systems are discussed (authors).

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**Authors:** Burnam, M.A. and Koegel, P. **Order #** **269**

**Title:** **Methodology for Obtaining a Representative Sample of Homeless Persons: The Los Angeles Skid Row Study.**

**Source:** Evaluation Review 12(2): 117-152, 1988. (Journal Article: 35 pages)

**Abstract:** Recent efforts on the part of survey researchers to understand the characteristics and needs of homeless individuals have been hampered by factors which make it extraordinarily difficult to draw representative samples of this population. This article describes one of the first successful efforts to draw a probability sample of homeless adults in the inner-city area of Los Angeles using service delivery sites for the sampling frame.

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**Authors:** Burt, M.R. **Order #** **10877**

**Title:** **Homeless Families, Singles, and Others: Findings from the 1996 National Survey of Homeless Assistance Providers and Clients.**

**Source:** Housing Policy Debate 12(4): 737-780, 2001. (Journal Article: 44 pages)

**Abstract:** The first question people typically ask about homelessness is, "How many people are homeless?" After that, questions usually turn to characteristics: "What are they like?" Basic demographic characteristics such as sex, age, family status, and race have always been of interest, in part because the homeless population appears to be very different from the general public and even from most poor people who are housed with respect to these characteristics are overinterpreted as representing the reasons for homelessness. But as various studies have documented, most demographic factors quickly disappear as proximate causes when other factors representing personal vulnerabilities into loss of housing, do not lie within individuals at all and are thus difficult to include in analyses based on individual data (authors).

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**Authors:** Burt, M.R. **Order #** **6439**

**Title:** **Homelessness: Definitions and Counts.**

**Source:** In Baumohl, J. (ed.), Homelessness In America. Phoenix, AZ: Oryx Press, 15-23, 1996. (Book Chapter: 9 pages)

**Abstract:** The author explains why researchers and advocates have struggled with definitions and statistics surrounding homelessness. Topics addressed include: components of the homeless and at-risk populations; screening procedures; policy implications of definitions; policy implications of counts; and various numbers and counts used in the field. The author concludes that inadequate policy will result from using the wrong numbers or from using numbers that confuse rather than clarify the nature of the policy task. AVAILABLE FROM: The Oryx Press, 4041 North Central at Indian School Road, Phoenix, AZ 80512-3397. (ISBN#: 0-89774-869-7)

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**Authors:** Burt, M.R., Aron, L.Y., Lee, E., Valente, J.J. **Order #** **10997**

**Title:** **How Many Homeless People Are There?**

**Source:** In Burt, M.R., Aron, L.Y., Lee, E., Valente, J.J. (authors) Helping America's Homeless: Emergency Shelter or Affordable Housing? Washington, DC: Urban Institute Press, 2001. (Book Chapter: 30 pages)

**Abstract:** This chapter addresses the specific issue of numbers when examining the overall topic of homelessness. The chapter provides a variety of estimates of the number of people who experience homelessness during periods of a day, a week, and a year. In addition, it raises important questions about how well research will ever be able to capture the true number of people who are homeless at any given time. AVAILABLE FROM: The Urban Institute Press, 2100 M Street, NW, Washington, DC 20037, (877) 847-7377, www.uban.org.

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<b>Authors:</b>	Burt, M.R., Aron, L.Y., Lee, E., Valente, J.J.	<b>Order #</b>	<b>8819</b>
<b>Title:</b>	<b>Helping America's Homeless: Emergency Shelter or Affordable Housing?</b>		
<b>Source:</b>	Washington, DC: Urban Institute Press, 2001. (Book: 355 pages)		
<b>Abstract:</b>	This book, based largely on findings from the National Survey of Homeless Assistance Providers and Clients (NSHAPC), provides a wide overview of homelessness, homeless services, and recommendations on what actions need to be taken to alleviate the problem. Chapter topics include: how many people are homeless; homeless families, singles, and others; alcohol, drug, and mental health problems among those who are homeless; issues in child and youth homelessness; patterns of homelessness; comparing homeless subgroups within community types; factors associated with homeless status; homeless programs in 1996 compared to programs in the late 1980s; and program structures and continuums of care. AVAILABLE FROM: The Urban Institute Press, 2100 M Street N.W., Washington, DC 20037, toll-free (877) 847-7377, <a href="http://www.urban.org/uipress">http://www.urban.org/uipress</a> , ISBN 0-87766-701-2 (COST: \$29.50).		
<b>Authors:</b>	Campbell, J.	<b>Order #</b>	<b>8886</b>
<b>Title:</b>	<b>Toward Collaborative Mental Health Outcomes Systems.</b>		
<b>Source:</b>	New Directions for Mental Health Services 71: 69-77, 1996. (Journal Article: 9 pages)		
<b>Abstract:</b>	A growing recognition that consumers are important health partners has created the need for collaborative systems of accountability in behavioral health services. This article discusses the importance of consumer involvement in outcomes research, and how collaborative systems can be created.		
<b>Authors:</b>	Clardy, J.A., Booth, B.M., Smith, L.G., Nordquist, C.R., Smith, G.R.	<b>Order #</b>	<b>7224</b>
<b>Title:</b>	<b>Implementing a Statewide Outcomes Management System for Consumers of Public Mental Health Service.</b>		
<b>Source:</b>	Psychiatric Services 49(2): 191-195, 1998. (Journal Article: 5 pages)		
<b>Abstract:</b>	This paper describes a public-academic collaboration in Arkansas to develop a statewide outcomes management system for measuring outcomes and processes of care for public mental health patients at risk for hospital admission. All 15 community mental health centers in the state participate in the project, which prospectively measures longitudinal outcomes of care for the tracer conditions of major depression and schizophrenia. The authors state it is feasible to implement an outcomes based management system in the public mental health setting. They conclude that such projects add to the knowledge about processes of care and treatment and provide guidance in solving practical problems (authors).		
<b>Authors:</b>	Conrad, K.J., Randolph, F.L., Kirby, M.W., Bebout, R.R.	<b>Order #</b>	<b>8246</b>
<b>Title:</b>	<b>Creating and Using Logic Models: Four Perspectives.</b>		
<b>Source:</b>	Alcohol Treatment Quarterly 17(1/2): 17-31, 1999. (Journal Article: 15 pages)		
<b>Abstract:</b>	The use of logic models in program development, evaluation, and dissemination is becoming more commonly accepted as a means of facilitating communication, replication, quality improvement, and assessment. The purpose of this article is to describe what logic models are, and to convey to a diverse field the role and functioning of logic models in the conceptualization, delivery, management, and evaluation of programs. The authors provide his/her own perspective on the use of logic models so that it may be broadly useful to service providers, program administrators, and researchers.		

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**Authors:** Conrad, K.J., Yagelka, J.R., Matters, M.D., Rich, A.R., Williams, V., Buchanan, M. **Order #** 8904

**Title:** Reliability and Validity of a Modified Colorado Symptom Index in a National Homeless Sample.

**Source:** Mental Health Services Research 28(4): 345-350, 2001. (Journal Article: 5 pages)

**Abstract:** This article examines the reliability and construct validity of a modified version of the Colorado Symptom Index (MCSI), a brief, self-report measure of psychological symptomatology, in the multi-site Collaborative Program to Prevent Homelessness. Eight projects in the program collected new data at baseline, six, and 12 months using a set of common measures as well as site-specific instruments. The pooled sample consisted of 1,381 persons in treatment for mental illness and/or substance abuse of which 84% had a history of homelessness. The MCSI scale was found to be a reliable and valid measure of psychological symptoms in this sample. The authors conclude that the MCSI performed similarly to longer, more widely used measures of psychological symptomatology and could be useful in other studies targeting adults with severe mental illness and/or substance use disorders who are homeless (authors).

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**Authors:** Cook, J.A. **Order #** 3745

**Title:** Outcome Assessment in Psychiatric Rehabilitation Services for Persons with Severe and Persistent Mental Illness.

**Source:** Chicago, IL: Thresholds National Research and Training Center on Rehabilitation and Mental Illness, 1992. (Report: 51 pages)

**Abstract:** This document reviews published research in the multidisciplinary field of psychiatric rehabilitation in order to examine outcome measures. The focus is on understanding outcomes assessed in vocational rehabilitation, residential rehabilitation, and social skills training for persons who have serious mental illness. The identification of features that cross-cut these areas reveals some principles of outcome assessment. It also provides a better understanding of how these principles are applied in different rehabilitation areas. Topics include: issues in psychiatric rehabilitation research; psychiatric rehabilitation and mental health services; organizing review instruments, vocational outcome assessment; job satisfaction; and occupational status. AVAILABLE FROM: Thresholds National Research and Training Center on Rehabilitation and Mental Illness, 2001 N. Clayburn Avenue, Suite 302, Chicago, IL 60614, (312) 348-5522.

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**Authors:** Cook, J.A., Bond, G.R., Hoffschmidt, S.J., Jonas, E.A., Razzano, L., Weakland, R. **Order #** 1685

**Title:** Assessing Vocational Performance Among Persons with Severe Mental Illness.

**Source:** Chicago, IL: Thresholds National Research and Training Center on Rehabilitation and Mental Illness, 1992. (Report: 155 pages)

**Abstract:** This manual has been designed for use by mental health and rehabilitation service delivery staff, administrators, and researchers to assess clients' vocational abilities, skills, reactions to employment experiences, and vocational outcomes. The first section contains a selection of vocational assessment and ongoing case logging tools, along with instructions and suggestions for their use. The second section consists of a selection of research instruments that operationalize various employment outcomes typically studied in vocational rehabilitation research. This section offers a basic introduction to measurement of variables often studied in employment research involving persons with disabilities, particularly psychiatric disabilities (authors). AVAILABLE FROM: Thresholds National Research and Training Center on Rehabilitation and Mental Illness, 2001 N. Clayburn Avenue, Suite 302, Chicago, IL 60614, (312) 348-5522.

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**Authors:** Cordray, D.S. **Order #** 1890

**Title:** Estimating the Number of Homeless: The Need for Mixed Methods.

**Source:** In Rog, D. (ed.) Evaluating Programs for the Homeless (New Directions for Program Evaluation). San Francisco: Jossey-Bass, 1991. (Book Chapter: 10 pages)

**Abstract:** This chapter is organized around three major points. The first point is the size of the count or estimate of the number of homeless individuals depends on the definition of the term homelessness that is employed. As illustrated in this chapter, much of the variation in current estimates is the result of differences in the definition of homelessness. The second point is the definition of the term homelessness influences the counting or estimation methods employed. The third point is because not all methods are equally trustworthy, the accuracy of the results produced by each method must be documented and disclosed to the user. These points are illustrated by a study by the General Accounting Office, 1989, that attempted to derive a nationally representative estimate of the number of homeless children and youths in the United States (author).

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**Authors:** Corrigan, P.W., Buican, B. and McCracken, S. **Order #** 3141

**Title:** The Needs and Resources Assessment Interview for Severely Mentally Ill Adults.

**Source:** Psychiatric Services 46(5): 504-505, 1995. (Journal Article: 2 pages)

**Abstract:** This study analyzed the reliability and validity of the "Needs and Resources Assessment," an interview instrument that measures patients' needs and resources in 13 domains of functioning and rates patients' overall satisfaction with each domain and the importance of each need. Internal consistency of the instrument's four subscales - needs, resources, satisfaction, and importance was significant. In addition, the subscales showed significant correlations with independent scales measuring the size of the patient's support network, quality of life and depressive symptoms. The authors contend that this instrument may be useful in prioritizing a patient's needs and in developing an appropriate intervention plan (authors).

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**Authors:** Corrigan, P.W., Calabrese, J.D., Diwan, S.E., Keogh, C.B., Keck, L., Mussey, C. **Order #** 11882

**Title:** Some Recovery Processes in Mutual-Help Groups for Persons with Mental Illness; I: Qualitative Analysis of Program Materials and Testimonies.

**Source:** Community Mental Health Journal 38(4): 287-301, 2002. (Journal Article: 14 pages)

**Abstract:** This paper is the first in a series that examines recovery processes that may account for the significant improvements in quality of life and related factors with regard to mutual-help programs. In Study 1, a content analysis was completed on one dimension of the written program for GROW, a mutual-help program with more than 40 years of experience. Thirteen reliable recovery processes emerged from this analysis; most prominent among these was to "be reasonable" and to "decentralize from self by participating in community." In Study 2, the recovery processes that emerged from this analysis of one aspect of GROW's written program were applied to 22 written testimonies made by Growers. Results of this analysis again showed being reasonable and decentralizing from self by participating in community were essential processes in this mutual-help program. Analysis of the personal testimonies also showed accepting one's personal value as an important element in the GROW program (authors).

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**Authors:** Corse, S.J., Hirschinger, N.B., Caldwell, S. **Order #** 6560

**Title:** Conducting Treatment Outcome Research in a Community Mental Health Center: A University-Agency Collaboration.

**Source:** Psychiatric Rehabilitation Journal 20(1): 59-63, 1996. (Journal Article: 5 pages)

**Abstract:** This article describes a collaboration between university-based researchers and clinical staff in an urban, publicly-funded community mental health center to study the impact of specialized services on people who have serious mental illnesses and substance use disorders (SMISD). Conducting research in a clinical field setting rather than the laboratory can benefit both science and practice, yet holds tensions, such as conflicts between the mission and priorities of academics and clinicians, the unavoidable and unpredictable impact of research on agency practices and policies, and the potential confounding of systems-level change with individual change when assessing the effectiveness of alternative treatments. The authors present data on the collaborative process, describing these benefits and tensions from the perspectives of researchers and clinicians. Methodological challenges in the analysis and interpretation of data from clinical field settings are discussed (authors).

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**Authors:** Corse, S.J., Hirschinger, N.B., Zanis, D. **Order #** 3316

**Title:** The Use of the Addiction Severity Index With People With Severe Mental Illness.

**Source:** Psychiatric Rehabilitation Journal 19(1): 9-18, 1995. (Journal Article: 9 pages)

**Abstract:** The Addiction Severity Index (ASI) is used increasingly for persons with co-occurring mental health and substance use disorders, despite the lack of studies of its validity, reliability, and general usefulness with this population. This article addresses the general usefulness of the ASI through experiential data from interviewers and respondents. Concerns are raised about the relevance of items to the life experiences and addiction problems of persons with co-occurring disorders, the accuracy of respondent answers, and the limitations of standard administration procedures. The authors conclude that the ASI interview requires enhancement of both content and administration procedures to increase its usefulness for dually diagnosed persons (authors).

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**Authors:** Coughlin, K.M. (ed.) **Order #** 8204

**Title:** 1999 Behavioral Outcomes and Guidelines Sourcebook.

**Source:** New York, NY: Faulkner & Gray, Inc., 1999. (Book: 722 pages)

**Abstract:** This book provides a comprehensive resource on outcome measurement and guidelines for mental health and substance abuse research. It includes details on over 100 key outcome measurement tools, in-depth coverage of major outcome initiatives, new behavioral practice guidelines and guideline revisions, a directory of measurement system vendors, a directory of behavioral practice guidelines, and detailed guidance on how to design behavioral outcomes management systems for various conditions, populations, and settings. AVAILABLE FROM: Thompson Media, 1 State Street Plaza, 27th Floor, New York, NY 10004, (212) 803-8200, [www.thompsonmedia.com](http://www.thompsonmedia.com).

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**Authors:** Cowan, C.D., Breakey, W.R. and Fischer, P.J. **Order #** 789

**Title:** The Methodology of Counting the Homeless.

**Source:** In Institute of Medicine, Homelessness, Health and Human Needs. Washington, DC: National Academy Press, 1988. (Book Chapter: 14 pages)

**Abstract:** This comprehensive review of current methods of counting homeless persons was commissioned by the Institute of Medicine to assess the strengths and weaknesses of each approach. The authors conclude that caution should be exercised in interpreting any of the available data, but that accurate estimates for individual communities are possible. Developmental work still remains to be done in the following areas: (1) coming to agreement on a

definition of who is homeless; (2) comparative research to determine better methodologies for studying the population; and (3) more comprehensive capture-recapture models.

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**Authors:** Culhane, D., Eldridge, D., Rosenheck, R., Wilkins, C. **Order #** 7908

**Title:** Making Homelessness Programs Accountable to Consumers, Funders and the Public.

**Source:** In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 20 pages)

**Abstract:** This paper discusses how different types of performance measurement can be used to improve the accountability of homeless programs to consumers, funders, and to the public. A distinction is made between the kinds of data used in formal research projects and data that can be practically obtained in a practice setting. Consumer outcomes are discussed in terms of accountability to consumers, program outcomes in terms of accountability to funders, and systems outcomes in terms of accountability to the public. Cost-benefit analyses are also discussed as providing another critical dimension of accountability, to funders and the public (authors). AVAILABLE FROM: National Resource Center on Homelessness and Mental Illness, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, [www.nrchmi.com](http://www.nrchmi.com).

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**Authors:** Culhane, D.P., Dejowski, E.F., Ibanex, J., Needham, E., Macchia, I. **Order #** 8288

**Title:** Public Shelter Admission Rates in Philadelphia and New York City: The Implications of Turnover for Sheltered Population Counts.

**Source:** Housing Policy Debate 5(2): 107-176, 1994. (Journal Article: 70 pages)

**Abstract:** The authors discuss a study which reports data from shelter utilization databases in Philadelphia and New York City that record the name, date of birth and Social Security number for all persons admitted to each city's public shelter system. The results indicate that more people have been registered by the Philadelphia and New York City shelter systems in the past five years than have even been enumerated on a single night in the United States. The findings are also clear in showing that homelessness disproportionately affects minorities, particularly African Americans, and children. The authors contend that the data reported in this study, and the databases from which they come, have the potential to bridge major gaps in our knowledge of the dynamic nature of homelessness. Three comment articles are included (authors). AVAILABLE FROM: Fannie Mae Office of Housing Research, 1001 Pennsylvania Ave. NW, Washington, DC 20004, (202)639-7000, [www.ffhsj.com/fairlend/fannie.htm](http://www.ffhsj.com/fairlend/fannie.htm).

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**Authors:** Dail, P.W., Shelley, M.C., Fitzgerald, S.T. **Order #** 8738

**Title:** Methodologies for Examining Homelessness and Their Application to a Mandated Statewide Study.

**Source:** Policy Studies Journal 28(2): 421-444, 2000. (Journal Article: 24 pages)

**Abstract:** Using findings from a federally mandated statewide study of homelessness in the state of Iowa, this article presents methodologies developed to address various aspects of homeless research, including enumeration of the population, screening for reporting duplications, estimating the annual number of incidents of homelessness, and exploring county-level estimates of homelessness. After implementing an algorithm to eliminate duplicate reporting, and using the baseline unduplicated, reported number of homeless persons, a statewide estimate of individuals who are homeless was derived. Following further adjustments for differences in agency reporting practices and after extrapolating for nonreported time periods, the authors estimated the number of unique incidents of homelessness experienced in the state during 1997. The policy implications are discussed (authors).

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**Authors:** Delano, S.J., Hons, B.A. and Zucker, J.L. **Order #** 2449

**Title:** Protecting Mental Health Research Subjects Without Prohibiting Progress.

**Source:** Hospital and Community Psychiatry 45(6): 601-603, 1994. (Journal Article: 3 pages)

**Abstract:** Federal regulations governing the protection of human research subjects fail to specifically address research involving people with mental illnesses. This article discusses regulations covering such research that were issued by the New York State Office of Mental Health in 1990. These regulations are designed to respect the autonomy of psychiatric patients to make decisions about participation in research while protecting patients whose capacity to consent may be impaired. In all cases involving more than minimal risk, the consent of the patient's treatment team must be obtained (authors).

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**Authors:** Dennis, D. **Order #** 30

**Title:** Research Methodologies Concerning Homeless Persons with Serious Mental Illness and/or Substance Abuse Disorders.

**Source:** Bethesda, MD: National Institute of Mental Health, 1987. (Conference Summary: 73 pages)

**Abstract:** Thirty-five researchers in the areas of homelessness, mental illness, and/or alcohol and other drug abuse came together at the behest of the Alcohol, Drug Abuse and Mental Health Administration to: (1) identify unique definitional, design, and methodological considerations in conducting research with this population; (2) improve the design of research and expand the cadre of researchers; (3) stimulate the development of a larger number of quality research applications; (4) stimulate research across the ADM disorders; and (5) improve communication between research methodologists and substantive experts concerning this target population. The three sections of the report include the papers presented by Fischer, Breakey, and Rossi, general discussions on methodological issues, and the panel discussions on specific research design issues. AVAILABLE FROM: National Institute of Mental Health, 6001 Executive Blvd., Room 8184, Bethesda, MD 20892, (301) 443-4513, www.nimh.nih.gov.

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**Authors:** Dennis, M.L., Burwell, B.O., Fischer, P.J., Etheridge, R.M., Lubalin, J.S., Schlenger, W.E. **Order #** 667

**Title:** Implementation Evaluation Design for NIMH McKinney Mental Health Services Demonstration Projects for Homeless Mentally Ill Adults. Volume 3: Lessons from the Literature.

**Source:** Research Triangle Park, NC: Research Triangle Institute, 1989. (Report: 40 pages)

**Abstract:** This is part of a four-volume report that presents a design for evaluating the implementation of nine NIMH McKinney demonstration projects for homeless mentally ill adults funded in 1988. This volume reviews the literature on service programs for the homeless mentally ill and synthesizes the published and unpublished research on services for the homeless mentally ill, with a particular emphasis on prior evaluation efforts. AVAILABLE FROM: Research Triangle Institute, PO Box 12194, Research Triangle Park, NC 27709, (919) 485-2666, www.rti.org.

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**Authors:** Dickey, B., Wagenaar, H. **Order #** 11652

**Title:** Evaluating Mental Health Care Reform: Including the Clinician, Client, and Family Perspective.

**Source:** The Journal of Mental Health Administration 21 (3): 313-319, 1994. (Journal Article: 7 pages)

**Abstract:** This article suggests one direction that theory building might take to develop a stronger conceptual foundation needed to test the effect of clients on reforms in the financing and organization of mental health care delivery systems. The authors recommend that health status outcomes be measured from three perspectives: the client, who can best support his or her own subjective experience of illness; the clinician, who is the best source of information about the client's disease; and the family, which is the best source of information about the effects on

member's health status of caring for a mentally ill family member. The authors also recommend that measurement of health status should be multidimensional (authors).

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**Authors:** Doyle, L. **Order #** 8462

**Title:** The Big Issue: Empowering Homeless Women through Academic Research?

**Source:** Area 31(3): 239-246, 1999. (Journal Article: 8 pages)

**Abstract:** This article discusses academic research as a means of empowerment for people in marginalized groups, using the examples of homeless women. Issues connected to the position of the researcher in relation to both the agencies dealing with homeless people and the homeless women themselves are discussed. Many agencies have underlying ideologies and overt practices that reinforce hierarchical relations and certain gendered expectations. The article considers the difficulties this creates when working with one's own, and also discusses the social relations of conducting empowering doctoral research (author).

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**Authors:** Drake, R.E., Becker, D.R. and Anthony, W.A. **Order #** 2419

**Title:** A Research Induction Group for Clients Entering a Mental Health Research Project.

**Source:** Hospital and Community Psychiatry 45(5): 487-489, 1994. (Journal Article: 3 pages)

**Abstract:** According to the authors, involving clients appropriately in mental health services research projects with rigorous designs, such as controlled clinical trials, is critical. This article describes the use of a psychoeducational discussion group, the research induction group, to address ethical, clinical and research design problems in a study of supported employment for people with serious mental illnesses conducted in New Hampshire. The findings suggest that the research induction group facilitated timely recruitment of clients who were appropriate for the interventions, allowed informed choice, minimized attrition, and enhanced client satisfaction (authors).

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**Authors:** Drake, R.E., McHugo, G.J., Biesanz, J.C. **Order #** 7432

**Title:** The Test-Retest Reliability of Standardized Instruments Among Homeless Persons with Substance Use Disorders.

**Source:** Journal of Studies on Alcohol 56: 161-167, 1995. (Journal Article: 7 pages)

**Abstract:** This article examined the reliability of standardized instruments used in a cooperative agreement on homeless persons with substance use disorder. The study examined the one-week test-reliability of the Alcohol Dependence Scale, the Addiction Severity Index, and the Personal History Form using 189 randomly selected individuals participating in a multisite study of services for homeless persons with alcohol and other drug abuse problems. In addition to the scales and items, factors hypothesized to influence reliability related to subject, interviewer, and setting were examined. The results showed substantial reliability for scale scores, but mixed reliability for individual items. Reliability was greater when items were factual and based on a recent time interval, and when subjects were interviewed in a protective setting. The authors conclude that reliability should be examined in individual studies of homeless persons and efforts should be made to minimize controllable sources of unreliability (authors).

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**Authors:** Eaton, W.W. **Order #** 7637

**Title:** Strategies of Measurement and Analyses.

**Source:** In Knudsen, H.C., and Thornicroft, G. (eds.), Mental Health Service Evaluation. New York, NY: Cambridge University Press, 121-142, 1996. (Book Chapter: 22 pages)

**Abstract:** In this chapter, the notion of strategy is applied to the issue of measurement in the evaluation of community psychiatric services. Emphasis is placed not on the evaluation of an individual treatment services, but rather on evaluation of the service system. The author contends that this focus is appropriate because the evaluation of a single service unit is rarely likely to be very useful. Discussion concerns choices to be made and alternatives to be avoided given the strategic focus. The author covers three issues dealing with strategies of measurement: (1) what content should be measured;(2) how to measure the chosen content; and(3) technology to evaluate the success or failure of the measurement process itself. The author also discusses several strategic choices that must be made in designing measurement and analysis systems.

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**Authors:** Elbeck, M., Fecteau, G. **Order #** 6960

**Title:** Improving the Validity of Measures of Patient Satisfaction with Psychiatric Care and Treatment.

**Source:** Hospital and Community Psychiatry 41(9): 998-1001, 1990. (Journal Article: 4 pages)

**Abstract:** This article discusses surveys of consumer satisfaction with psychiatric services and discusses how most surveys ask patients to rate aspects of care that professionals feel are important. The authors used a focus-group method to generate attributes of ideal care from the patient's viewpoint. A pool of 50 patient-generated items were rated for importance by a second group of inpatients on locked units of a provincial psychiatric hospital. The findings identified interpersonal relations with staff as a key factor of patient satisfaction. The authors then designed a seven-item measure of satisfaction based on this key factor (authors).

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**Authors:** Fakhoury, W., Murray, A., Shepherd, G., Priebe, S. **Order #** 11729

**Title:** Research in Supported Housing.

**Source:** Social Psychology and Psychology Epidemiology 37 (6): 301-315, 2002. (Journal Article: 15 pages)

**Abstract:** In this paper, the authors review the conceptual issues related to the provision of supported housing schemes, the characteristics of residents, research methods and outcomes, and the factors influencing the quality of care provided. Results show that functioning can improve, social integration can be facilitated, and residents are generally more satisfied in supported housing compared with conventional hospital care. This paper also discusses the patients' preferences toward low restrictiveness and more independent living arrangements. The authors assert that research in the area of supported housing for psychiatric patients has been neglected, and they make suggestions for further study (authors).

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**Authors:** Feins, J.D., Fosburg, L.B., Locke, G. **Order #** 7534

**Title:** Evaluation of the Emergency Shelter Grants Program. Volume III: Technical Appendices.

**Source:** Washington, DC: U.S. Department of Housing and Urban Development, 1994. ( Report: 175 pages)

**Abstract:** The focus of the Emergency Shelter Grants Program (ESG) since its inception and incorporation into the McKinney Act has been to help states and localities provide facilities and services to meet the needs of homeless people, sheltering them but at the same time aiding in their transition from temporary shelter to permanent homes. This volume consists of two appendices. Appendix A contains supplementary tables corresponding to each of the Department of Housing and Urban Development's specific research questions for the evaluation. Appendix B provides detail on the sample design, survey response, and data collection methods used for the evaluation study.

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- Authors:** Finlayson, M., Baker, M., Rodman, L., Hertzberg, G. **Order #** 11776
- Title:** The Process and Outcomes of a Multimethod Needs Assessment at a Homeless Shelter.
- Source:** American Journal of Occupational Therapy 56 (3): 313-321, 2002. (Journal Article: 9 pages)
- Abstract:** This article used literature reviews, local documents and reports, participant observations, focus groups, and reflective journals to guide the development of an occupational performance skills program at one homeless shelter in south Florida. Through these methods, the role of occupational therapy was extended beyond direct service to include program and resource development, staff education, advocacy, and staff-resident mediation. The findings of this needs assessment and the actions taken as a result of this work point to the huge potential for occupational therapists and students to work together with staff and residents of homeless shelters (authors).
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- Authors:** Frechtling, J., Sharp, L. **Order #** 10875
- Title:** User-Friendly Handbook for Mixed Method Evaluations.
- Source:** Arlington, VA: National Science Foundation, 1997. (Manual: 100 pages)
- Abstract:** This handbook follows an earlier handbook, "User-Friendly Handbook for Project Evaluation: Science, Mathematics, Engineering and Technology Education," published in 1993. It was initiated because of the recognition that by focusing primarily on quantitative techniques, evaluators may miss important parts of a story. Experienced evaluators have found that most often the best results are achieved through the use of mixed method evaluations, which combine quantitative and qualitative techniques. Because the earlier handbook did not include an in-depth discussion of the collection and analysis of qualitative data, this handbook was initiated to provide more information on qualitative techniques and discuss how they can be combined effectively with quantitative measures. Like the earlier publication, this handbook is aimed at users who need practical rather than technically sophisticated advice about evaluation methodology. The main objective is to make principal investigators and project directors "evaluation smart" and to provide the knowledge needed for planning and managing useful evaluations (authors). AVAILABLE FROM: National Science Foundation, 4201 Wilson Blvd., Arlington, VA 22230.
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- Authors:** French, M., McCollister, K., Sacks, S., McKendrick, K., DeLeon, G. **Order #** 11540
- Title:** Benefit-cost Analysis of a Modified Therapeutic Community for Mentally Ill Chemical Abusers.
- Source:** Evaluation and Program Planning 25: 137-148, 2002. (Journal Article: 11 pages)
- Abstract:** The purpose of this study is to conduct a comprehensive benefit-cost analysis of the modified TC and compare the results with the benefits and costs of existing, standard treatment programs. The current analysis examines the modified therapeutic community (TC) as an intervention for mentally ill chemical abusers (MICAs) from an economic perspective. Homeless MICA program participants in New York City were sequentially assigned either to a modified TC program or a "treatment-as-usual" (TAU) comparison group. The study tracked client progress from baseline through follow up at six and twelve months post baseline. Treatment effectiveness was measured by outcomes across five domains: substance use, criminal activity, psychological dysfunction, HIV risk behavior, and prosocial behavior. This analysis is the first to examine the economic benefits of treatment programs for patients with multiple disorders. For this study, the modified TC intervention surpassed TAU in terms of outcomes, benefits, and costs. The quantitative results are subject to some methodological concerns and should, therefore, be interpreted carefully. Nevertheless, the modified TC program offers a promising approach to establishing long-term solutions for homeless MICA patients. Benefit-cost analysis translates results into monetary terms, which allows the policy maker to determine how economically worthwhile programs are relative to alternative treatment approaches when deciding how to allocate funds. For this study, the modified TC program appears to be socially beneficial; the treatment generated considerably more dollars in benefits for society than in costs (authors).
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**Authors:** French, S. **Order #** 11878

**Title:** Researching Disability: The Way Forward.

**Source:** Disability and Rehabilitation 14(4): 183-186, 1992. (Journal Article: 4 pages)

**Abstract:** This paper critically examines the individualistic and medicalized assumptions underlying much research on disability. The OPCS surveys of disability, in particular, are examined. Based on the perceptions of disabled people and their organizations, and drawing on a series of seminars on disability research which took place in 1991, an alternative social view of disability is presented and applied to research. It is concluded that the assumptions underlying much disability research, especially when they are translated into practice, are oppressive to disabled people, and that participatory and emancipatory research needs to be developed in order to assist disabled people in their struggle for empowerment (author).

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**Authors:** Frohlich, K.L., Fournier, L. **Order #** 6917

**Title:** Psychometric Properties of the Interpersonal Relationship Inventory with a Homeless Sample.

**Source:** Psychological Reports 80: 883-898, 1997. (Journal Article: 16 pages)

**Abstract:** This paper examined the psychometric properties of the Interpersonal Relationship Inventory with a sample of homeless men who were first-time shelter users. The measure, based on social exchange theory and equity theory, has two subscales, one for support and the other for conflict. As yet, few measurements have been developed to assess conflict from within social networks. As part of a larger longitudinal study, a sample of 166 first-time shelter users was administered the inventory. A student sample also filled out the inventory for comparison purposes. Internal consistency for both subscales was good, .90 for Support and .83 for Conflict. Weak inter-item correlations were prevalent among many items in the Conflict subscale. A near zero correlation was found between scores on the Support and Conflict subscales, suggesting independence. An exploratory factor analysis using varimax rotation confirmed a dual-factor structure. Analyses of variance and Scheffe contrast tests detected no statistically significant differences between age groups on either the Support or the Conflict subscales. A multiple regression analysis indicated that, when controlling for age, scores on the Support scale discriminated the homeless and student samples, while scores on the Conflict subscale do not. The Support subscale indicates excellent psychometric qualities, while the Conflict subscale should be refined (authors).

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**Authors:** Goldman, H., Rachuba, L., Van Tosh, L. **Order #** 10520

**Title:** Methods for Assessing Consumer Preferences for Housing and Supported Services.

**Source:** Baltimore, MD: University of Maryland, 1993. (Report: 25 pages)

**Abstract:** The growing consumer movement has placed the assessment of consumer preferences for housing and supports at the center stage of planning for community mental health services. Both research evidence and common sense suggest that having consumers live where they want to live, with the supports they need and prefer, will help improve housing stability and quality of life. While assessment of consumer preferences is rapidly becoming standard operating procedure, very little is known about whether current approaches reliably and validly assess consumer preferences. This paper provides an overview of current methods, discusses the validity and reliability of current instrumentation, and concludes with a proposal for new method development.

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**Authors:** Goldsmith, H.F., Lin, E., Bell, R.A., Jackson, D.J. **Order #** 1702

**Title:** Needs Assessment: Its Future.

**Source:** Bethesda, MD: National Institute of Mental Health, 1988. (Report: 121 pages)

**Abstract:** This monograph addresses policy and research issues in mental health needs assessment. A central purpose of the series is to narrow the gap between the goals and technology of the field. This volume provides a perspective on the current state of knowledge about the direct measurement of need for mental health services (estimates of need based on community surveys) and the indirect measurement of need (estimates of need based on census data or

administrative records). It also offers recommendations for the conceptual and empirical development of the field and forms the basis for planning a future program of research (authors). AVAILABLE FROM: National Institute of Mental Health, 6001 Executive Boulevard, Rm. 8184, MSC 9663, Bethesda, MD 20892-9663 U.S.A., (301) 443-4513

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**Authors:** Gonzalez, E.A., Dieter, J.I., Natale, R.A., Tanner, S.L. **Order #** 8874

**Title:** Neuropsychological Evaluation of Higher Functioning Homeless Persons: A Comparison of an Abbreviated Test Battery to the Mini-Mental State Exam.

**Source:** Journal of Nervous and Mental Disease 189(3): 176-181, 2001. (Journal Article: 6 pages)

**Abstract:** This article examines neuropsychological functioning in a heterogeneous population of persons who were homeless (N=60) and compares the value of the Abbreviated Halstead-Reitan Test Battery with the Mini-Mental State Exam (MMSE). A high incidence of neuropsychological dysfunction was evident with 80% of the patients showing impaired test battery performance and 35% showing an impaired MMSE. Performance on the Trail Making Test, Part B was especially impaired. Patients impaired on Trail B more often showed impaired test battery performance, suggesting it may be a better screening tool than the MMSE. Neuropsychological performance was not significantly affected by the patients' gender, age, diagnosis, or past psychiatric and medical history. Regression analysis suggested that 29% of the variance in test battery performance was accounted for by the patients' education. Results support previous findings that large numbers of people who are homeless are neuropsychologically impaired (authors).

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**Authors:** Goodman, A.B. and Haugland, G. **Order #** 2348

**Title:** Mental Health Service Needs Assessment.

**Source:** Administration and Policy in Mental Health 21(3): 173-197, 1994. (Journal Article: 25 pages)

**Abstract:** This article presents a method of social area analysis using zip codes in order to identify populations in need of mental health services. The authors use data from New York State to illustrate this method. In addition to the zip code method, several other more widely used approaches to needs assessment are presented including Epidemiologic Catchment Area (ECA) studies and the utilization of geographical census data. The authors contend that the zip code method targets high risk need areas more efficiently than the other methods described (authors).

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**Authors:** Gordis, E. **Order #** 11654

**Title:** Linking Research with Practice: Common Bonds, Common Progress.

**Source:** Alcohol Health & Research World 15 (3): 173-174, 1991. (Journal Article: 2 pages)

**Abstract:** This article describes the differences between alcohol researchers and alcohol practitioners as related to the treatment of alcohol-related health conditions. The author explains the need to bridge this gap given the unabating drain of alcohol-related problems on the health and social and economic well-being of society. The author also suggests making relevant research findings available to practitioners in formats that are useful to busy treatment personnel, as well as sharing perspectives on alcohol treatment topics through participating in meetings that engage both the researcher and practitioner (authors).

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**Authors:** Guzewicz, T.D., Takooshian, H. **Order #** 1802

**Title:** Development of a Short-Form Scale of Public Attitudes Toward Homelessness.

**Source:** Journal of Social Distress and the Homeless 1(1): 67-79, 1992. (Journal Article: 13 pages)

**Abstract:** This study was designed to develop a brief, reliable, valid scale to more precisely assess public attitudes toward homelessness (acronym PATH), which future researchers can use to more exactly chart changes and correlates of



public opinion toward homelessness. A cross-section of 222 adults in New York City responded to a 38-item survey containing PATH and five other brief scales. Analysis of responses found general support for several initial hypotheses including a remarkable diversity of public opinion, ranging from profound sympathy to anger and disgust; and at least some personality basis for PATH. Potential uses of this PATH scale are explored, along with the notion of important distinctions in poverty and homelessness as two increasingly separate forms of social distress (authors).

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**Authors:** Hargreaves, W.A., Shumway, M., Hu, T.W., Cuffel, B.

**Order #** **8131**

**Title:** **Cost-Outcome Methods for Mental Health.**

**Source:** San Diego, CA: The Academic Press, 1997. (Book: 239 pages)

**Abstract:** This book presents economic concepts of cost and discusses the various approaches to cost-outcome studies as they apply to mental health services. It includes sections on designing these studies; measuring costs, interventions, and outcomes; analyzing study results; and using the findings to guide policy and practice. It presents principles and application examples in nontechnical language, and it discusses the details of design, measurement, and analysis to guide the application of these methods to problems in mental health services research (authors). AVAILABLE FROM: Elsevier, 11830 Westline Industrial Drive, St. Louis, MO 63146, (800) 545-2522, [www.elsevier.com](http://www.elsevier.com).

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**Authors:** Heckathorn, D.D.

**Order #** **6790**

**Title:** **Respondent-Driven Sampling: A New Approach to the Study of Hidden Populations.**

**Source:** Social Problems 44(2): 174-199, 1997. (Journal Article: 27 pages)

**Abstract:** The author explains that a population is "hidden" when no sampling frame exists and public acknowledgment of membership in the population is potentially threatening. Accessing such populations is difficult because standard probability sampling methods produce low response rates and responses that lack candor. This article introduces a new variant of chain-referral, respondent-driven sampling, that employs a dual system of structured incentives to overcome some the deficiencies of such samples. A theoretic analysis, drawing on both Markov-chain theory and the theory of biased networks, shows that this procedure can reduce the biases generally associated with chain-referral methods. The analysis includes a proof showing that even though sampling begins with an arbitrarily chosen set of initial subjects, as do most chain-referral samples, the composition of the ultimate sample is wholly independent of those initial subjects. The analysis also includes a theoretic specification of the conditions under which the procedure yields unbiased samples. Empirical results, based on surveys of 277 active drug injectors in Connecticut, support these conclusions. Finally, the conclusion discusses how respondent-driven sampling can improve both network sampling and ethnographic investigation (author).

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**Authors:** Herrell, J.M., Straw, R.B.

**Order #** **11692**

**Title:** **Conducting Multiple Site Evaluations in Real-World Settings.**

**Source:** New Directions for Evaluation (94): 1-105, 2002. (Journal:Entire Issue: 106 pages)

**Abstract:** In this issue of New Directions for Evaluation, the focus is on various multiple-sites, like The Employment Intervention Demonstration Program (1995), The Collaborative Program to Prevent Homelessness (1996), and the Center for Mental Health Services Housing Initiative. Each article takes a detailed look at it's respective site, and outlines various approaches to multi-site study (authors).

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**Authors:** Hohmann, A.A., Shear, M.K. **Order #** 11383

**Title:** Community-Based Intervention Research: Coping With the "Noise" of Real Life in Study Design.

**Source:** American Journal of Psychiatry 159(2): 201-207, 2002. (Journal Article: 6 pages)

**Abstract:** This article provides to clinical researchers a set of issues to consider and steps to follow in making the transition to more public-health-oriented, community-based research. The ultimate goal of clinical intervention research is to find a way to improve the care and lives of people suffering from specific psychiatric symptoms, illnesses, and/or disabilities. Traditional, academically based, randomized clinical trials test an intervention against a placebo or alternate treatment control condition, focusing on a single, specific main outcome. Community-based intervention trials also test a treatment intervention but in the context of the community environment. These trials, in order to provide meaningful information for community clinical practice, must take into account many factors that are controlled or are not considered in traditional clinical trials. Investigators need to be clear about the goal of community-based interventions; they need to determine the social and cultural norms, expectations, and conflicts of the community and of the setting, and they need to work collaboratively with experts in both qualitative and quantitative design (authors).

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**Authors:** Holcomb, W.R., Morgan, P., Adams, N.A., Ponder, H. and Farrel, M. **Order #** 2417

**Title:** Development of a Structured Interview Scale for Measuring Quality of Life of the Severely Mentally Ill.

**Source:** Journal of Clinical Psychology 49(6): 830-840, 1993. (Journal Article: 10 pages)

**Abstract:** This article describes the development of a structured interview scale for measuring the quality of life of individuals with serious mental illnesses. Utilizing the work of previous research, the authors developed an objective, psychometrically sound interview instrument called the Quality of Life Interview Scale (QOLIS) that can be more easily administered, scored and analyzed than the previously published scales. The authors contend that with further development, QOLIS has the potential to be used as an outcome measure for therapeutic interventions and as an important tool for program evaluation and cost-benefit analysis (authors).

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**Authors:** Hopper, K. **Order #** 1883

**Title:** Counting the New York Homeless: An Ethnographic Perspective.

**Source:** New England Journal of Public Policy 8(1): 771-791, 1992. (Journal Article: 21 pages)

**Abstract:** Significant ambiguities are inherent in the operational definitions of "site" and "selected components of the homeless population" used in the 1990 S-Night Count. Ethnographic methods offer a useful corrective. This article, covering research that was part of a larger project evaluating the S-Night count, describes a brief ethnographic inquiry into the ecology of public spaces occupied by the homeless poor in New York City. Problems in implementation, surprising ease of access, patterns of mobility and prevailing norms from site to site, and the tenuous character of the street sites are reviewed, as are implications for future enumeration efforts (author).

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**Authors:** Hopper, K. **Order #** 3252

**Title:** Definitional Quandaries and Other Hazards in Counting the Homeless: An Invited Commentary.

**Source:** American Journal of Orthopsychiatry 65(3): 340-346, 1995. (Journal Article: 7 pages)

**Abstract:** In this article, the author discusses some of the criticisms raised in the literature regarding the Census Bureau's S-Night count, an enumeration procedure which attempted to count the homeless population in the shelter system at one point in time. According to the author, although the S-Night count has many flaws, the real methodological issues lay in the complexities of both the definition and dynamics of homelessness.

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<b>Authors:</b>	Howard, P.B., El-Mallakh, P.	<b>Order #</b>	<b>11876</b>
<b>Title:</b>	<b>Training Consumers to Collect Data in Mental Health Services System Evaluation Research.</b>		
<b>Source:</b>	Journal of Psychosocial Nursing 39(5): 32-39, 2001. (Journal Article: 8 pages)		
<b>Abstract:</b>	In this article, the authors describe The Consumer Satisfaction Research Associate Training Program, which was designed for the education and supervision of recovered consumers who collected data during four studies at three psychiatric hospitals. The educational program had didactic and laboratory components. Consumer research associates collected quantitative and qualitative data using a survey tool for face-to-face interviews. The article discusses participant recruitment and management of confidential records, which were included in the role. The authors assert that data collected by research associates from consumers who are in treatment can enhance the validity and trustworthiness of satisfaction surveys. The authors also state that nurses can plan an important role in the research process by serving as staff resources for consumers who collect data in various service system settings (authors).		
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<b>Authors:</b>	Hudson, C.G.	<b>Order #</b>	<b>7711</b>
<b>Title:</b>	<b>Estimating Homeless Populations through Structural Equation Modeling.</b>		
<b>Source:</b>	Journal of Sociology and Social Welfare 25(2): 136-154, 1998. (Journal Article: 19 pages)		
<b>Abstract:</b>	This article overviews the results from a test of a model of homeless populations throughout the 3,141 counties of the United States. The data were extracted from the 1990 Census, a Census Bureau survey of its enumerators at completion of the census, and other governmental sources. The model was tested using the generally weighted least squares algorithm, as implemented under the Extended LISREL model. It was found that urbanization, servicetization, McKinney funding and systematic error arising out of more vigilant enumeration efforts in urban areas, collectively explained 80% of the variation in rates of homelessness. The 1990 estimates were compared with the results of independent estimates for selected localities. After the adjustment for uneven enumeration efforts, the model suggests that a population of 479,000 homeless persons in 1990 had declined to 383,000 by 1995 (author).		
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<b>Authors:</b>	Johnsen, M.C., Morrisey, J.P., Calloway, M.O., Ullman, M., Starrett, B.E.	<b>Order #</b>	<b>8030</b>
<b>Title:</b>	<b>A Set of Cohesion-Based Measures for Exploring Service Delivery Networks.</b>		
<b>Source:</b>	Journal of Community Psychiatry (under review). (Unpublished Paper: 18 pages)		
<b>Abstract:</b>	This article provides an interorganizational (IO) network analysis aimed at understanding and characterizing the basic contours of human services delivery networks serving persons who are homeless and mentally ill and the distribution of human service organizations within these networks. Data consisting of client referrals and information exchanges among 954 organizations from 15 cities were derived from an evaluation of the Access to Community Care and Effective Supports and Services (ACCESS) demonstration. A k-core analysis is performed to identify areas of increasing intensity of IO activity and resource exchanges within each network. K-cores are areas of a network in which each organization is linked to at least a minimum number of other organizations in the network. A series of measures derived from a k-core analysis is presented. In addition, a measure of adjusted concentration is proposed, which standardizes the measure of concentration for both network size and the highest value of k attained in a network. The authors state these measures provide a useful way to understand and compare service systems and their IO structure.		

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**Authors:** Johnson, A.K. **Order #** 791

**Title:** Measurement and Methodology: Problems and Issues in Research on Homelessness.

**Source:** Social Work Research and Abstracts 25(4): 12-20, 1989. (Journal Article: 9 pages)

**Abstract:** This article reviews measurement and methodological issues in homeless research, including problems in defining the homeless population, issues in measuring subpopulations with exacerbating conditions, the difficulty of counting the homeless, and obstacles in selecting random samples of homeless people. The author makes a number of recommendations for future research: (1) homelessness should be operationalized as a continuum; (2) careful attention must be paid to drawing representative samples; (3) reliable and valid measures of psychiatric impairment, alcoholism, and drug abuse must be developed and tested; (4) quasi-experimental design needs to be incorporated whenever possible; (5) funding sources should develop core sets of questions to be answered by research; (6) multilevel assessment and sampling within studies is needed; (7) multiple perspectives within studies are needed to distinguish mental disorders from environmental and cultural contexts; and (8) social context variables must be considered.

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**Authors:** Killworth, P.D., McCarty, C., Bernard, H.R., Shelley, G.A., Johnsen, E.C. **Order #** 755

**Title:** Estimation of Seroprevalence, Rape, and Homelessness in the United States Using a Social Network Approach.

**Source:** Evaluation Review 22(2): 289-308, 1998. (Journal Article: 10 pages)

**Abstract:** In this article, the authors describe improvement to a method for estimating the size of hard-to-count populations. The authors developed and tested scale-up methods, based on a simple social network theory, to estimate the size of these populations. A nationally representative sample of respondents was asked how many people they knew in a list of 32 subpopulations, including 29 subpopulations of known size and three of unknown size, and the authors estimated the likely maximum number of persons known. The three unknown populations were those who are HIV seropositive, persons who are homeless, and persons who are victims of rape within the past 12 months. The authors state the estimate for seropositivity (about 800,000) agrees strongly with medical estimates, the homeless estimate (about 526,000) is well within published estimates, as is the estimate for victims of rape (roughly 194,000).

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**Authors:** Kline, M.V., Bacon, J.D., Chinkin, M., Manov, W.F. **Order #** 523

**Title:** The Client Tracking System: A Tool for Studying the Homeless.

**Source:** Alcohol Health and Research World 11(3): 66-67, 91, 1987. (Journal Article: 3 pages)

**Abstract:** The authors discuss the homeless population in Los Angeles and the development of the Alcohol Client Tracking System (ACTS), a computerized administrative monitoring tool to enable analysis of client movement through the alcohol treatment service system. Patterns of program movement confirmed the suspicion that some homeless alcoholics were using the relatively expensive detox programs as a means of obtaining room and board. As a result, planners were able to make a strong case to the county for the provision of less expensive alcohol-free living centers (authors).

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**Authors:** Knudsen, H.C., Thornicroft, G. (eds.) **Order #** 7640

**Title:** Mental Health Service Evaluation.

**Source:** New York, NY: Cambridge University Press, 1996. (Book: 399 pages)

**Abstract:** This book comprehensively reviews mental health service evaluations, including the most recent developments in research design, method, and measurement. At the level of both whole systems and individual programs within mental health services, the issues are illustrated with practical descriptions of comprehensive evaluation projects.

The book is divided into six parts. Part one introduces the background of community services and provides an overview of research levels and designs which are further illustrated in part two. Part three focuses on technical measurement issues and new developments in statistical applications. Special problems and system-level research are highlighted in part four. Parts five and six then address program-level evaluation projects, including user outcomes and needs assessment, and finally consider the implications in health economics. AVAILABLE FROM: Cambridge University Press, 110 Midland Ave., Port Chester, NY 10573, (914) 937-9600, [www.us.cambridge.org](http://www.us.cambridge.org).

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**Authors:** Koegel, P. **Order #** 135

**Title:** Understanding Homelessness: An Ethnographic Approach.

**Source:** In Jahiel, R. (ed.), Homelessness: A Prevention-Oriented Approach. Baltimore, MD: John Hopkins Press. 1992. (Book Chapter: 21 pages)

**Abstract:** This chapter uses the few available ethnographic studies of the homeless population to explore three ways in which our understanding of homelessness has been limited by a reliance on cross-sectional studies of a quantitative nature. Doing so should clarify how ethnography can enrich our understanding of who homeless people are, why they behave as they do, and by extension, why more ethnographic research is desperately needed (author).

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**Authors:** Koegel, P., Burnam, M.A. **Order #** 132

**Title:** Problems in the Assessment of Mental Illness Among the Homeless: An Empirical Approach.

**Source:** In Robertson, M.J., and Greenblatt, M. (eds.), Homelessness: A National Perspective. New York: Plenum Press, 1992. (Book Chapter: 54 pages)

**Abstract:** The authors suggest that research studies tend to overestimate the prevalence of mental illness among the homeless population and that some behaviors which lead to a diagnosis of mental illness may actually be a manifestation of homelessness rather than of mental disorder. This chapter reports on an empirical test of this hypothesis, in which the authors revised diagnostic criteria for two disorders -- antisocial personality and depression -- to take into account the conditions of homelessness. They applied these revised criteria to data from a large epidemiological study of homeless individuals. Findings and their implications are discussed.

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**Authors:** LaGory, M., Fitzpatrick, K., Ritchey, F. **Order #** 11129

**Title:** Life Chances and Choices: Assessing Quality of Life Among the Homeless.

**Source:** Sociological Quarterly 42(4): 633-651, 2001. (Journal Article: 18 pages)

**Abstract:** In this study, a Weberian lifestyles approach is employed to examine differences in quality of life among people who are homeless. Using a systematic random sample of 161 homeless people in a mid-sized, Southern metropolitan area, the study focuses on the impact of life chances and social choices on aspects of quality of life in this severely challenged population. Regression results show that a number of life chance and social choice variables affect general and domain-specific well-being. While chances and choices both contribute to these aspects of quality of life, there is only modest evidence of a mediating effect. With the exception of depressive symptoms, life chances appear to play a more important role in quality of life differences than life choices. The specific life chance and choice factors influencing aspects of quality of life vary with each separate well-being outcome. The implications of these findings for general sociology and homeless social policy are explored (authors).

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**Authors:** Langmeyer, D. **Order #** 6570

**Title:** Wake County Housing Preference Survey.

**Source:** Raleigh, NC: Wake County Mental Health Department, undated. (Instrument: 10 pages)

**Abstract:** This 96-item instrument assesses mental health consumer needs for housing and housing support in Wake County (Raleigh), N.C. Wake County implemented this survey as part of a county-wide strategic planning process on housing. The purpose is to find out how consumers feel about present living situations; where, if a choice was given, the consumer would prefer to live; and what the consumer would need in terms of support services in order to live there.

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**Authors:** Larson, C.O. **Order #** 11641

**Title:** Use of the SF-12 Instrument for Measuring the Health of Homeless Persons.

**Source:** Health Services Research 37 (3): 733-750, 2002. (Journal Article: 18 pages)

**Abstract:** This article evaluates the construct validity of the Short Form 12-item Survey (SF-12) among users of a homeless day shelter. Adding brief health assessments has potential to provide information regarding the effect that programs have upon the health status and functioning of people who are homeless. Construct validity was assessed by several methods, including the method of extreme groups, which was used where multivariate analysis of variance determined if SF-12 summary scores varied for individuals who differed in self-reported clinical symptoms and medical conditions. Convergent validity was also assessed by correlating SF-12 summary scores with the subscales. Between those who reported acute symptoms and medical conditions, and those who did not, four to 10 point differences in physical health (PCS12) and 5-11 point differences in mental health (MCS12) were found. The summary scores and subscales yielded satisfactory convergent validity coefficients. The SF-12 shows promise as a valid outcome indicator for assessing and monitoring health status among people who are homeless. Its strengths include brevity and availability of norms for specific medical conditions (authors).

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**Authors:** Lebow, J. **Order #** 7632

**Title:** Pragmatic Decisions in the Evaluation of Consumer Satisfaction with Mental Health Treatment.

**Source:** Evaluation and Program Planning 5: 349-356, 1983. (Journal Article: 8 pages)

**Abstract:** This article examines pragmatic choices which must be made in conducting consumer satisfaction assessment of mental health treatment. It is argued that choices involving sample, format, and procedure for examining satisfaction may influence the results of such research, and must be considered when creating or evaluating these efforts. These choices are examined in detail. The author states that research is needed to assess these relationships, and suggests norms for satisfaction under varying conditions (author).

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**Authors:** Leff, H.S., Campbell, J., Gagne, C., Woocher, L.S. **Order #** 8885

**Title:** Evaluating Peer Providers.

**Source:** In Mowbray, C.T., Moxley, D.P., Jasper, C.A., and Howell, L. (eds.), Consumers as Providers in Psychiatric Rehabilitation. Columbia, MD: International Association of Psychosocial Rehabilitation Services, 1997. (Book Chapter: 14 pages)

**Abstract:** This chapter examines the issue of evaluating peer providers in mental health services. The authors suggest that future evaluations of peer providers should couple traditional evaluation methods with participatory approaches to evaluation that include peer providers and the consumers they serve in the evaluation process. The authors believe that using this approach will result in evaluations that empower peer providers and consumers, and overcome peer provider and consumer resistance to evaluation. The remainder of the chapter is divided into two parts. The first discusses a desired evaluation process, combining participatory approaches and traditional evaluation methods.

The second presents a conceptual model of evaluation content for guiding future study of the effectiveness of peer providers.

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**Authors:** Leff, H.S., Mulkern, V. **Order #** 12136

**Title:** Lessons Learned About Science and Participation from Multisite Evaluations.

**Source:** New Directions for Evaluation 94: 89-100, 2002. (Journal Article: 12 pages)

**Abstract:** In this article, the authors discuss their observations on the problems encountered during the execution of multisite evaluations (MSEs) conducted during a study involving five publicly funded mental health and substance abuse treatment programs. They also discuss potential solutions within the context of two underlying principles at work in MSEs, which are often in conflict when seeking potential remedies. These two principles that shaped these programs are that services should be science-based and that they should have broad participation by stakeholders (authors).

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**Authors:** Lettieri, D.J., Nelson, J.E. and Sayers, M.A. **Order #** 1696

**Title:** Treatment Handbook Series 1/2: Alcoholism Treatment Assessment Research Instruments.

**Source:** Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 1987. (Report: 564 pages)

**Abstract:** The intent of this handbook is to facilitate researchers in locating, examining and selecting possible research instruments for use in alcoholism treatment assessment projects. The 45 instruments in this volume provide a representative cross-section of the assorted questionnaires, scales, indexes, inventories, and other data gathering and measurement devices used in the alcoholism treatment assessment field (from diagnostic scales to follow-up telephone surveys). They cover all of the assessment phases, from baseline to follow-up. These instruments conceptually identify, define and measure alcoholism and its sociobehavioral, medical, and other correlates. The indexes at the end of the volume provide a detailed guide across and between the various instruments (authors). AVAILABLE FROM: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, (866)512-1800, orders@gpo.gov.

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**Authors:** Lin, S.S., Kelsey, J.L. **Order #** 11486

**Title:** Use of Race and Ethnicity in Epidemiologic Research: Concepts, Methodological Issues, and Suggestions for Research.

**Source:** Epidemiologic Review 22(2): 187-202, 2000. (Journal Article: 16 pages)

**Abstract:** In this article the authors consider the roles of both race and ethnicity in epidemiologic research in light of the increasing heterogeneity in the United States population, the persistent associations of race and ethnicity with many health outcomes, the initiative taken by the United States Census to allow reporting of multiple races in the 2000 United States Census, and the recognition among epidemiologists of the need for a better, more comprehensive assessment of race and ethnicity. The authors also provide some practical suggestions on ways to improve the assessment of race and ethnicity in research and present issues for investigators to consider when working with racially and ethnically diverse United States populations (authors).

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**Authors:** Lindsey, E. **Order #** 6533

**Title:** Feminist Issues in Qualitative Research with Formerly Homeless Mothers

**Source:** AFFILIA: Journal of Women and Social Work 12(1): 57-75, 1997. (Journal Article: 18 pages)

**Abstract:** This article describes the author's attempts to incorporate feminist principles into qualitative study of the process of successful restabilization among formerly homeless mother-headed families. It discusses methods for dealing with such issues as the research agenda, epistemology, and ethics, so the credibility and agenda of feminist

qualitative research is not compromised, and presents case examples from the author's field journals and transcripts of interviews.

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**Authors:** Lovell, A.M. **Order #** 1931

**Title:** **Classification and Its Risks: How Psychiatric Status Contributes to Homelessness Policy.**

**Source:** New England Journal of Public Policy 8(1): 247-263, 1992. (Journal Article: 17 pages)

**Abstract:** This article examines the extent to which psychiatric classification in public policy research contributes to the equation of homelessness and mental illness. Surveys that measure psychiatric status of homeless persons are reviewed to understand whether they contribute to biased rates of mental illness among homeless persons. The relationship between psychiatric classification and the concept of need is examined and alternatives to current classification are proposed. Classification is discussed particularly in relation to policies of segmentation for "single" homeless adults (author).

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**Authors:** Lovell, A.M., Barrow, S.M. and Struening, E.L. **Order #** 481

**Title:** **Between Relevance and Rigor: Methodological Issues in Studying Mental Health and Homelessness.**

**Source:** In Jahiel, R.I. (ed.), Homelessness: A Prevention-Oriented Approach. Baltimore, MD: John Hopkins Press. 1992. (Book Chapter: 41 pages)

**Abstract:** This chapter evaluates the reliability and validity of mental health measures in homelessness research from 1980 to the present. A chart listing 20 recent studies of the homeless population and information about the instruments used is included, as is an extensive bibliography. Researchers will find this discussion useful in deciding on evaluation instruments and in designing studies.

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**Authors:** Lovell, A.M., Barrow, S.M., Struening, E.L. **Order #** 465

**Title:** **Measurement Issues in Services Research on the Homeless Mentally Ill.**

**Source:** In Franks, J. and Levine, M. (eds.), Proceedings of the Eighth Annual MSIS National Users Group Conference. Orangebury, NY: Nathan S. Kline Institute, 1984. (Conference Summary: 10 pages)

**Abstract:** This report discusses methodological issues in measuring the size and needs of the homeless population. The authors discuss the advantages and disadvantages of various methods used to assess the mental health status of homeless persons, including self-report, observation, record abstraction, and semi-structured and structured interviews (e.g., the Brief Psychiatric Inventory, the Psychiatric Evaluation Form, the SADS-C, SADS-L, and the DIS). The authors also discuss difficulties in assessing service needs of mentally ill homeless persons, emphasizing frequent disparities between self-perceived needs and professional assessments.

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**Authors:** Mansur, E.T., Quigley, J.M., Raphael, S., Smolensky, E. **Order #** 12066

**Title:** **Examining Policies to Reduce Homelessness Using a General Equilibrium Model of the Housing Market.**

**Source:** Journal of Urban Economics 52(2): 316-340, 2002. (Journal Article: 24 pages)

**Abstract:** In this article, the authors use a general equilibrium simulation model to assess the potential impacts on homelessness of various housing-market policy interventions. The authors calibrate the model to the four largest metropolitan areas in California, and explore the welfare consequences and effects on homelessness of three housing-market policy interventions. These interventions include extending housing vouchers to all low-income households, subsidizing all landlords, and subsidizing those landlords who supply low-income housing. The article states that a very large fraction of homelessness can be eliminated through increased reliance upon well-known housing subsidy policies (authors).

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- Authors:** Marshall, M. **Order #** 7984
- Title:** Evaluating Services for Homeless People with Mental Disorders: Theoretical and Practical Issues.
- Source:** In Bhugra, D. (ed.), Homelessness and Mental Health. New York, NY: Cambridge University Press, 280-296, 1996. (Book Chapter: 17 pages)
- Abstract:** This chapter is divided into two sections. The first section is a survey of the types of evaluation studies that have been conducted on services for homeless people with mental disorders. The survey pays particular attention to the problems that have arisen in carrying out these studies. Examples from the United Kingdom are used where available. The second section considers how far evaluative studies have provided evidence for the effectiveness of hostels for the homeless.
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- Authors:** Massat, C.R., Lundy, M. **Order #** 8811
- Title:** Empowering Research Participants.
- Source:** AFFILIA: Journal of Women and Social Work 12(1): 33-56, 1997. (Journal Article: 24 pages)
- Abstract:** This article presents four principles for empowering research participants using social work ethics and values and feminist principles, each of which includes examples of practical applications from a federally funded research project. These action principles are to respect and untie members of vulnerable groups, prevent harm and maximize benefits, affirm participants and colleagues, and give something back to the participants (authors).
- 
- Authors:** Maurin, J.T., Russell, L., Hitchcox, M. **Order #** 2398
- Title:** Obstacles to Research Analysis.
- Source:** Journal of Psychosocial Nursing 27(6): 19-23, 1989. (Journal Article: 4 pages)
- Abstract:** This article presents data which illustrates the diversity of mental health problems revealed when multiple sampling and data collection methods are used. Data was analyzed from two studies: a survey of homeless individuals in Utah; and an outreach effort in Salt Lake City, Utah. The only similarity found between the two study groups was age. The authors contend that knowledge concerning subgroups of homeless individuals with mental illnesses is important in planning services and attempting needs assessments (authors).
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- Authors:** May, J. **Order #** 8686
- Title:** Housing Histories and Homeless Careers: A Biographical Approach.
- Source:** Housing Studies 15(4): 613-638, 2000. (Journal Article: 26 pages)
- Abstract:** This article argues for the adoption of a biographical approach in studies of homelessness and reports on the first complete set of accommodation biographies constructed with single homeless hostel users. It is shown that, rather than fitting a description of either the long-term or more recently homeless or following a progressive "drift" into homelessness, the majority of men interviewed had in fact experienced numerous homeless episodes in the past but with each of these episodes being of relatively limited duration and separated by much longer periods in (their own) accommodation. It is further shown that the housing careers of these men had been almost entirely of dominated by the use of poor quality and often insecure private rented bedsits and flats while almost all had been either long-term or permanently unemployed. With few additional "vulnerabilities" to help account for their frequent returns to homelessness, the author challenges the conventional model of single homelessness to explain these men's homeless careers in relation to their position of multiple structural disadvantages (author).
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**Authors:** McHugo, G.J., Hargreaves, W., Drake, R.E., Clark, R.E., Xie, H., Bond, G.R., Burns, B.J. **Order #** 7406

**Title:** **Methodological Issues in Assertive Community Treatment Studies.**

**Source:** American Journal of Orthopsychiatry 68(2): 246-260, 1998. (Journal Article: 15 pages)

**Abstract:** Recent evaluations of Assertive Community Treatment (ACT) programs have produced equivocal findings, often leading to the invocation of methodological problems as responsible for the lack of positive results. This article discusses issues of theory and methodology as they pertain to improving research on ACT. Particular attention is given to issues of sampling, process evaluation, measurement, and data analysis. The authors state that with the convergence of increasing methodological sophistication and shifting policy interest, better studies can be designed and more specific and relevant hypotheses concerning ACT's effectiveness can be tested (authors).

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**Authors:** McKenzie, M., Tulskey, J.P. **Order #** 8305

**Title:** **Tracking and Follow-Up of Marginalized Populations: A Review.**

**Source:** Journal of Health Care for the Poor and Underserved 10(4): 409-429, 1999. (Journal Article: 21 pages)

**Abstract:** This article reviews the essential elements of tracking and follow-up of marginalized populations. These elements are: (1) collection of contact information;(2) thorough organization of tracking efforts;(3) attention to staff training and support;(4) use of phone and mail follow-up;(5) use of incentives;(6) establishing rapport with participants;(7) assurance of confidentiality;(8) use of agency tracking;(9) use of field tracking; and(10) attention to safety concerns. The authors state that diligent application of the strategies allows researchers to achieve follow-up rates of 75% to 97% with vulnerable populations such as homeless, mentally ill adults, injection drug users, and runaway youth (authors).

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**Authors:** Mercer-McFadden, C. and Drake, R.E. **Order #** 1873

**Title:** **A Review of Outcome Measures for Assessing Homeless Populations with Severe Mental Illness and Co-Occurring Substance Abuse.**

**Source:** New Ipswich, NH: New Hampshire-Dartmouth Psychiatric Research Center, 1992. (Report: 73 pages)

**Abstract:** The National Institute of Mental Health commissioned this review of outcome measure for assessing homeless populations with severe mental illness and co-occurring substance abuse. The authors chose 15 instruments for review and interviewed the 13 experts who advised them on their field experiences with the instruments. AVAILABLE FROM: New Hampshire-Dartmouth Psychaitric Research Center, 2 Whipple Place, Suite 202, Lebanon NH 03766, (603) 448-0126.

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**Order #** 11614

**Authors:** Metraux S., Culhane D., Raphael S., White M., Pearson C., Hirsch E., Ferrell P., Rice S., Ritter B., Cleghorn J.S..

**Title:** **Assessing Homeless Population Size Through the Use of Emergency and Transitional Shelter Services in 1998: Results from the Analysis of Administrative Data from Nine U.S. Jurisdictions.**

**Source:** Public Health Reports 116(4):344-352, 2001. (Journal Article: 9 pages)

**Abstract:** This study reports findings from the first-ever systematic enumeration of homeless population size using data previously collected from administrative records of homeless services providers in nine jurisdictions over a one year period. It provides the basis for establishing an ongoing measure of the parameters of the homeless population and for tracking related trends on the use of homeless services over time. Each participating jurisdiction collected data through its homeless services management information systems for persons and families who use emergency shelter and transitional housing. The jurisdictions organized the data by a standardized reporting format. These data form the basis for reporting homeless population size, both in raw numbers and as

adjusted for each jurisdiction's overall population size, as well as the rate of turnover and average annual length of stay in emergency shelters and transitional housing. Results are broken down for adults and families. The prevalence of homelessness varies greatly among the jurisdictions included in this study, and possible factors for this diversity are discussed (authors)

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**Authors:** Milburn, N.G., Watts, R.J. and Anderson, S.L. **Order #** **382**

**Title:** **An Analysis of Current Research Methods for Studying the Homeless .**

**Source:** Washington, DC: Howard University, 1984. (Report: 51 pages)

**Abstract:** This report summarizes an investigation of research techniques used in 1964-1984 to examine the homeless population. The objectives were to: (1) determine how homelessness has been defined and which subgroups have been studied; (2) review and critique the types of data collected and the research methods used; (3) make recommendations on data selection to promote greater comparability and clearer interpretation; and (4) clarify gaps in the knowledge base as they apply to policy questions. Seventy-five research studies were reviewed, including several which address mental illness among homeless individuals. The report includes an extensive bibliography. AVAILABLE FROM: Howard University, 500 Howard Place, NW, Washington, DC 20059, (202) 806-7234, [www.howard.edu](http://www.howard.edu).

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**Authors:** Morrissey, J.P. and Dennis, D.L. (eds.) **Order #** **795**

**Title:** **Homelessness and Mental Illness: Towards the Next Generation of Research Studies.**

**Source:** Bethesda, MD: National Institute of Mental Health, 1990. (Report: 151 pages)

**Abstract:** In February 1989, NIMH sponsored a meeting of over 150 researchers interested in studying various aspects of homelessness and mental illness. The meeting was designed to stimulate new research and to accelerate the development of methodologically rigorous studies in this area. The plenary sessions and twelve workshops summarized by the individual presenters in this report represent the state-of-the-art in research on homelessness and mental health to date. Section I reviews the current research literature on homelessness and mental illness. Section II focuses on research design and measurement issues (e.g. sampling strategies, studying social networks and social supports, experimental approaches to studying services for homeless mentally ill persons, ethnographic approaches, and longitudinal designs). Section III looks at assessing the mental health status of homeless adults and children. Section IV addresses organizational and systems research. The last section focuses on analyzing the social context of homelessness. AVAILABLE FROM: NIMH Public Inquiries, 6001 Executive Boulevard, Rm. 8184, MSC 9663, Bethesda, MD 20892-9663, (301) 443-4513, [www.nimh.nih.gov](http://www.nimh.nih.gov).

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**Authors:** Morrissey, J.P., Ridgely, S.M., Goldman, H.H. and Bartko, W.T. **Order #** **2845**

**Title:** **Assessments of Community Mental Health Support Systems: A Key Informant Approach.**

**Source:** Community Mental Health Journal 30(6): 565-579, 1994. (Journal Article: 15 pages)

**Abstract:** This article describes the development of a "key informant survey" to assess the performance of local systems of care for persons with serious mental illnesses. The survey method yields ratings of: (1) the extent to which clients experience service delivery problems in 11 community support system elements, (2) overall performance of the community support system, and (3) the performance of local mental health authorities. Following pre-testing, the survey was administered to 699 respondents in nine U.S. cities. Internal consistency coefficients were found to be within acceptable ranges for all of the scales across all nine cities. These findings suggest that the survey is a valid instrument for assessing local systems of care (authors).

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**Authors:** Morse, G.A., Calsyn, R.J., Burger, G.K. **Order #** 1801

**Title:** Development and Cross-Validation of a System for Classifying Homeless Persons.

**Source:** Journal of Community Psychology 20: 228-242, 1992. (Journal Article: 15 pages)

**Abstract:** This study used cluster analysis to derive and validate a system for classifying homeless persons on the basis of their service needs. Variables used in the study included psychopathology, alcoholism, social support, socioeconomic status, and health status. Four subgroups were identified: (1) an economically disadvantaged group, (2) an alcoholic group, (3) a mentally ill group, and (4) a relatively advantaged group. Analysis revealed few differences between the four groups in background characteristics. Moreover, subgroups were similar in service willingness and utilization, with the exception of utilization and willingness to receive treatment for alcohol and mental health problems. The results suggest the need for policies and specialized services for those with psychiatric and/or alcohol problems (authors).

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**Authors:** Mowbray, C.T., Bybee, D. and Cohen, E. **Order #** 2213

**Title:** Describing the Homeless Mentally Ill: Cluster Analysis Results.

**Source:** American Journal of Community Psychology 21(1): 67-93, 1993. (Journal Article: 27 pages)

**Abstract:** This article presents descriptive data on a group of mentally ill homeless individuals served by a two-site demonstration project, funded by National Institute of Mental Health (NIMH). Descriptive statistical analyses were carried out on the entire sample and cluster analysis techniques were used to identify groups of individuals with similar functioning levels and patterns. The authors suggest that the results of the cluster analysis provide a more meaningful and useful method of understanding the descriptive data. Further discussion is presented concerning the implications and potential benefits of using cluster analysis techniques for interpreting data from other studies and assisting in future service planning (authors).

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**Order #** 3729

**Authors:** Mueser, K.T., Drake, R.E., Clark, R.E., McHugo, G.J., Mercer-McFadden, C. and Ackerson, T.H.

**Title:** Toolkit for Evaluating Substance Abuse in Persons with Severe Mental Illness.

**Source:** Cambridge, MA: The Evaluation Center at Human Services Research Institute, 1995. (Guide: 54 pages)

**Abstract:** This toolkit provides the information needed to assess the presence of substance use disorders in persons with psychiatric disorders, the severity of alcohol and drug abuse, and where in the continuum of recovery from substance abuse patients fall. Designed to provide evaluators with complete descriptions of methodologies and instruments for use in evaluating substance abuse in people who have serious mental illness, it is based on information from a needs assessment study conducted by the Evaluation Center at the Human Services Research Institute (HSRI), and on feedback from evaluators in the field. Topics include: clinician alcohol use scale; clinician drug use scale; substance abuse treatment scale; drug/alcohol follow-back calendar; and vignettes for substance abuse treatment scale. Limitations of existing instruments and possible threats to the validity of assessments are discussed (authors). AVAILABLE FROM: AVAILABLE FROM: The Evaluation Center at HSRI, 2269 Massachusetts Avenue, Cambridge, MA 02140, (617) 876-0426, ext. 4, [www.tecathsri.org](http://www.tecathsri.org).

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**Authors:** Narrow, W.E., Rae, D.S., Robins, L.N., Regier, D.A. **Order #** 10969

**Title:** Revised Prevalence Estimates of Mental Disorders in the United States.

**Source:** Archives of General Psychiatry 59(2): 115-123, 2002. (Journal Article: 9 pages)

**Abstract:** Current U.S. mental disorder prevalence estimates have limited usefulness for service planning and are often discrepant. Data on clinical significance from the National Institute of Mental Health Epidemiologic Catchment

Area Program (ECA) and the National Comorbidity Survey (NCS) were used to produce revised estimates, for more accurate projections of treatment need and further explication of rate discrepancies. To ascertain the prevalence of clinically significant mental disorders in each survey, responses to questions on life interference from, telling a professional about, or using medication for symptoms were applied to cases meeting symptom criteria in the ECA (n=20861) and NCS (n=8098). A revised national prevalence estimate was made by selecting the lower estimate of the 2 surveys for each diagnostic category, accounting for comorbidity, and combining categories. Using data on clinical significance lowered the past-year prevalence rates of "any disorder" among 18 to 54-year-olds by 17% in the ECA and 32% in the NCS. For adults older than 18 years, the revised estimate for any disorder was 18.5%. Using the clinical significance criterion reduced disparities between estimates in the 2 surveys. Validity of the criterion was supported by associations with disabilities and suicidal behavior. Establishing the clinical significance of disorders in the community is crucial for estimating treatment need. More work should be done in defining and operationalizing clinical significance, and characterizing the utility of clinically significant symptoms in determining treatment need even when some criteria of the disorder are not met. Discrepancies in ECA and NCS results are largely due to methodological differences (authors).

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**Authors:** Nieves, E.J. **Order #** 11795

**Title:** The Effectiveness of the Assertive Community Treatment Model.

**Source:** Administration and Policy in Mental Health 29(6): 461-480, 2002. (Journal Article: 20 pages)

**Abstract:** This study sought to determine the benefits of an assertive community treatment model (ACT) versus a continuing day-treatment program (CDTP) for the treatment of chronic mentally ill patients. The study utilized a quasi-experimental design with a matched-groups comparison of outcomes achieved by patients in two community mental health centers in the South Bronx area of New York City. The study assessed outcomes regarding hospital readmissions, quality of life, and housing and vocational rehabilitation. The sample size was 60, with 30 subjects in each group. Due to the small size and baseline differences between groups, nonparametric tests were the primary statistical analyses (authors).

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**Authors:** O'Hare, T. **Order #** 1778

**Title:** Alcohol Consumption and Presenting Problems In An Out-Patient Mental Health Clinic.

**Source:** Addictive Behaviors 18: 57-65, 1993. (Journal Article: 9 pages)

**Abstract:** This article presents the results of a study of 683 out-patient mental health clients. The study examined the relationship of self-reported alcohol use with self-ratings of common mental health concerns. This examination of dual diagnosis differs from other studies by presenting complaints and alcohol consumption on a continuum from "none" to "severe" without reference to meeting minimum diagnostic criteria. A secondary purpose to this study is to develop a client self-report instrument which is brief, reliable, reasonably valid, and can be easily administered in public mental health settings (authors).

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**Authors:** O'Malia, L., McFarland, B.H., Barker, S., Barron, N.M. **Order #** 11071

**Title:** A Level-of-Functioning Self-Report Measure for Consumers with Severe Mental Illness.

**Source:** Psychiatric Services 53(3): 326-331, 2002. (Journal Article: 5 pages)

**Abstract:** This article discusses a study whose objective was to develop an instrument that could be completed by consumers. The 17-item clinician version of the Multnomah Community Ability Scale (MCAS) was adapted as a self-report instrument (MCAS-SR). An initial version of the MCAS-SR was reviewed for appropriateness and clarity by 20 consumers and four peer counselors and then revised. Test-retest reliability was studied with 37 consumers, and construct validity was examined in a correlational study of 288 consumers. Further validation involved correlations among consumer self-reports, case manager ratings, and ratings by research interviewers. The MCAS-SR is a reliable self-report instrument and can be valuable as an outcome measure in treatment planning (authors).

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- Authors:** Paradis, E.K. **Order #** 8783
- Title:** **Feminist and Community Psychology Ethics in Research with Homeless Women.**
- Source:** American Journal of Community Psychology 28(6): 839-858, 2000. (Journal Article: 20 pages)
- Abstract:** This article presents a feminist and community psychology analysis of ethical concerns that can arise throughout the process of doing research with women who are homeless. The unique contexts of the lives of women who are homeless demand that researchers redefine traditional ethical constructs such as consent, privacy, harm, and bias. Research that fails to do this may perpetuate the stereotyping, marginalization, stigmatization, and victimization homeless women face. The author states that feminist and community research ethics must go beyond the avoidance of harm to an active investment in the well-being of marginalized individuals (author).
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- Authors:** Park, M.J., Tyrer, P., Elsworth, E., Fox, J., Ukoumunne, O.C., MacDonald, A. **Order #** 11803
- Title:** **The Measurement of Engagement in the Homeless Mentally Ill: the Homeless Engagement and Acceptance Scale - HEAS.**
- Source:** Psychological Medicine 32(5): 855-861, 2002. (Journal Article: 7 pages)
- Abstract:** This paper describes the development and psychometric properties of a new scale, the Homeless Engagement and Acceptance Scale (HEAS). This goal of this study was to produce a concise instrument which could be completed by an informant observer, and which could be utilized for all categories of clients who are homeless and mentally ill to measure the individual's degree of engagement with others and their attitude to interventions (authors).
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- Authors:** Petrosino, A. **Order #** 8924
- Title:** **Mediators and Moderators in the Evaluation of Programs for Children.**
- Source:** Evaluation Review 24(1): 47-72, 2000. (Journal Article: 26 pages)
- Abstract:** This article examines the role of mediators and moderation in the evaluation of programs for children. The terms are defined and examples presented. Using bibliometric analysis, the author examines how evaluators use mediators and moderators in treatment studies in education, juvenile justice, health care, child protection, and mental health. The author states that the use of mediators and moderators is sporadic at best. An agenda for improvement is outlined that includes greater use of program theory and intensive case studies to find out why researchers in prevention and health promotion incorporate mediators and moderators more effectively in their evaluation (author).
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- Authors:** Phelan, J.C., Link, B.G. **Order #** 8237
- Title:** **Who Are "the Homeless"? Reconsidering the Stability and Composition of the Homeless Population.**
- Source:** American Journal of Public Health 89(9): 1334-1338, 1999. (Journal Article: 5 pages)
- Abstract:** This article assesses the extent to which the use of point-prevalence samples biases conclusions drawn about homeless people. Three data sets and published research were used to examine the degree to which conditions leading to point-prevalence bias (turnover in the homeless population, variability in the persistence of homelessness, and associations between personal characteristics and persistence) characterize the homeless population. Results were compared from point-prevalence studies concerning persistence of homelessness and characteristics of homeless people with those from a study of formerly homeless people. Conditions leading to point-prevalence bias strongly characterize the homeless population. Moreover, profiles of homeless people differed dramatically between point-prevalence studies and the study of formerly homeless people. In the former, the average duration of homelessness was longer, and samples included higher proportions of men, minorities, non-high school graduates, and people with histories of psychiatric hospitalization, incarceration, and detoxification. The authors conclude that reliance on point-prevalence samples, when such samples are generalized beyond the currently homeless population, leads to overestimation of the persistence of homelessness,

the demographic distinctiveness of the homeless population, and the prevalence of personal disabilities and deviant lifestyles among homeless people (authors).

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**Authors:** Pollner, M. and Adams, R.E. **Order #** 2672

**Title:** **The Interpersonal Context of Mental Health Interviews.**

**Source:** Journal of Health and Social Behavior 35: 283-290, 1994. (Journal Article: 8 )

**Abstract:** According to the authors, little is known about the composition and effects of the interpersonal contexts in which epidemiological interviews are conducted. This article reviews data from the Los Angeles site of the Epidemiological Catchment Area (ECA) study in order to examine the frequency and impact of third party presence. Almost half of the interviews at the Los Angeles site were conducted in the presence of a third party, typically the spouse or child of the respondent. Results indicate that third party presence is not related either to reports of symptoms or to performance on tests of cognitive impairment. The authors contend that although findings suggest that respondents are not influenced by the presence of others, they may also reflect a variety of cultural, situational, and methodological processes (authors).

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**Authors:** Ralph, R.O. **Order #** 11875

**Title:** **How to Involve Consumers in Research and Demonstration Evaluation Projects.**

**Source:** Portland, ME: Edmund S. Muskie Institute of Public Affairs, University of Southern Maine, 1994. (Unpublished Paper: 8 pages)

**Abstract:** This paper, which was presented at the Ohio Program Evaluator's Group Evaluation Exchange Conference in Columbus, examines the failure of institutions to clearly state the roles, activities and payment of consumers in projects. The author asserts that although institutions have encouraged the involvement of mental health consumers in research and demonstration evaluation projects, they have fallen short in expressing the reasons why they are valuable as participants. The author states that the purpose of this paper is to provide some perspectives and suggestions as to how, when and where to include and involve mental health Consumers in research and demonstration projects (author).

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**Authors:** Rapp, C.A., Shera, W., Kisthardt, W. **Order #** 2326

**Title:** **Research Strategies for Consumer Empowerment of People with Severe Mental Illness.**

**Source:** Social Work 38(6): 727-735, 1993. (Journal Article: 9 pages)

**Abstract:** This article describes several strategies for research conducted in mental health and rehabilitation areas that are more consonant with the consumer empowerment movement. The authors contend that although the empowerment agenda is well-established in the field of social work, research in this area often fails to reflect or support it. Areas of research methodology discussed include the process of formulating research questions, the selection of interventions to be tested, the selection of outcomes and measures and the dissemination of research results (authors).

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**Authors:** Resnick, S.G., Bond, G.R. **Order #** 11638

**Title:** **The Indiana Job Satisfaction Scale: Job Satisfaction in Vocational Rehabilitation for People with Severe Mental Illness.**

**Source:** Psychiatric Rehabilitation Journal 25 (1): 12-19, 2001. (Journal Article: 8 pages)

**Abstract:** The Indiana Job Satisfaction Scale (IJSS) is a brief job satisfaction questionnaire designed for use with individuals with a severe mental illness. This study seeks to validate the IJSS, as well as to examine the relationship between job satisfaction and job tenure in a group of 71 workers in supported employment. Job satisfaction measured during the first 3 months of a job was significantly associated with job tenure; however, this relationship

weakened over time. Overall, the findings support the utility of job satisfaction as a tool in vocational rehabilitation, as well as the validity of the IJSS with this group (authors).

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**Authors:** Rittenhouse, T., Culter, S., Campbell, J. **Order #** 8566

**Title:** Dressed-Down Research Terms: A Glossary for Non-Researchers.

**Source:** St. Louis, MO: Missouri Institute of Mental Health, 1999. (Glossary: 24 pages)

**Abstract:** This glossary identifies terms commonly used in academic, technical, and/or clinical writing about mental health research and to define these terms in language that will be accessible to a broader audience, particularly including consumers/ex-patients/survivors who have not had specialized training in research (authors). AVAILABLE FROM: Missouri Institute of Mental Health, 5400 Arsenal Street , St. Louis, MO 63139, [http://www.cstprogram.org/PCS&T/Research%20Glossary/Dressed\\_Down\\_Glossary.pdf](http://www.cstprogram.org/PCS&T/Research%20Glossary/Dressed_Down_Glossary.pdf)

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**Authors:** Rog, D.J., Randolph, F.L. **Order #** 11696

**Title:** A Multisite Evaluation of Supported Housing: Lessons Learned from Cross-Site Collaboration.

**Source:** New Directions for Evaluation (94): 61-87, 2002. (Journal Article: 27 pages)

**Abstract:** This article illustrates the benefits of prior research, a phased approach, and strong collaboration in tackling difficult multisite issues. The authors focus on The Center for Mental Health Services Housing Initiative, a multisite study that explicitly planned to build on the existing knowledge base of supported housing for individuals with serious mental illness. The authors describe how the readiness for study of a supported housing intervention model affected the development of a multisite evaluation; they also describe the advantages of conducting a multisite study even when there are barriers to implementation (authors).

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**Authors:** Rogers, E.S., Chamberlin, J., Ellison, M.L., Crean, T. **Order #** 6826

**Title:** A Consumer-Constructed Scale to Measure Empowerment Among Users of Mental Health Services.

**Source:** Psychiatric Services 48(8): 1042-1047, 1997. (Journal Article: 6 pages)

**Abstract:** The authors developed and field tested a scale to measure the personal construct of empowerment as defined by consumers of mental health services. A 28-item scale to measure empowerment was tested on 271 members of six self-help programs in six states. Results show empowerment was related to quality of life and income but not to the demographic variables of age, gender, ethnicity, marital status, education level, or employment status. Empowerment was inversely related to use of traditional mental health services and positively related to community activism. The findings set a framework for a clearer understanding of the imprecise and overused concept of empowerment. The authors contend that the scale demonstrated adequate internal consistency and some evidence for validity (authors).

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**Authors:** Rogers, E.S., Palmer-Erbs, V. **Order #** 8832

**Title:** Participatory Action Research: Implications for Research and Evaluation in Psychiatric Rehabilitation.

**Source:** Psychosocial Rehabilitation Journal 18(2): 3-12, 1994. (Journal Article: 10 pages)

**Abstract:** The authors state that the consumer/ex-patient movement has moved the field of psychosocial rehabilitation to new ground with respect to the consumers' role in service planning and evaluation. In a similar fashion, a methodology called Participatory Action Research (PAR) offers a paradigm for involving consumers in rehabilitation research and program evaluation efforts. The development of this paradigm is discussed as are the benefits and potential drawbacks to using this approach, the way in which PAR differs from traditional research, and the implications for policymakers, researchers, and evaluators (authors).

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**Authors:** Rohland, B.M. **Order #** 8193

**Title:** Quality Assessment in a Medicaid Managed Mental Health Care Plan: An Iowa Case Study.

**Source:** American Journal of Orthopsychiatry 69(3): 410-404, 1999. (Journal Article: 5 pages)

**Abstract:** In this article, clinical quality was assessed in a statewide Medicaid managed mental health care program. Because of the limited quantity and scope of the available clinical data, the quality of clinical care could not be adequately assessed. The article describes the methods used in the attempted quality assessment and the difficulties of achieving valid results in evaluations of such public sector mental health programs. The implications of this finding for the evaluation and oversight of quality in public sector managed care plans are discussed (author).

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**Authors:** Rosenblatt, A. and Attkisson, C.C. **Order #** 2410

**Title:** Assessing Outcomes for Sufferers of Severe Mental Disorder: A Conceptual Framework and Review.

**Source:** Evaluation and Program Planning 16: 347-363, 1993. (Journal Article: 17 pages)

**Abstract:** This article presents a conceptual framework for classifying the outcomes of services for individuals with serious mental illnesses. The proposed classification contains three dimensions: the respondent type; the social context; and the domain of treatment outcomes. Respondent type includes the client, the family, the extended social network, and the clinician. Social context includes the client, family and the broader community. Domain of treatment outcomes includes the client's clinical status, functional status, life satisfaction and safety and welfare. The authors use this multidimensional framework to organize a review of existing outcome measures (authors).

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**Authors:** Rosenheck, R. **Order #** 8206

**Title:** Cost-Benefit Evaluation of Services for Homeless People With Mental Illness: Methodological Issues for Policy Analysis and a Review of Empirical Research.

**Source:** Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. DRAFT (Unpublished Paper: 45 pages)

**Abstract:** This paper reviews recent research on the cost-benefit evaluation of services for people who are homeless and have serious mental illness and considers the implications of this research for public policy and public health. Six steps are identified in cost-benefit analysis for this population: (1) defining the problem (i.e., the target population, service needs, and service objectives); (2) identifying alternative interventions; (3) selecting the perspective(s) from which analysis will be undertaken; (4) identifying and obtaining data on costs and outcomes; (5) analyzing and interpreting results; and (6) formulating policy recommendations. Because this population is exceptionally diverse and face numerous mutually exacerbating health, financial, and community adjustment problems. Service interventions to assist them must mirror this complexity and can be grouped, for simplicity, into three major program categories: (1) outreach; (2) case management; (3) housing placement and transition to mainstream services. A review of both experimental and large-scale observational studies of each of these interventions suggests that, in most cases, they are associated with significantly improved outcomes, most consistently in the housing domain, but also in mental health status, general health status, and quality of life (author).

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**Authors:** Rosenthal, R. **Order #** 2184

**Title:** Straighter From the Source: Alternative Methods of Researching Homelessness.

**Source:** Urban Anthropology 20(2): 109-126, 1991. (Journal Article: 18 pages)

**Abstract:** Shelter and street surveys of homeless people provide information from only a subgroup of the total homeless population. This article discusses an alternative research agenda of "hanging out", becoming involved in the homeless movement, and collecting oral histories. A comparison of the data collected by these methods to shelter survey data is reviewed. The author contends that the alternative methods, while facing problems of

representativeness, time constraints, and bias due to involvement, appear to produce a more accurate picture of homelessness (author).

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**Authors:** Rossi, P.H., Wright, J.D., Fisher, G.A., Willis, G. **Order #** **401**

**Title:** **The Urban Homeless: Estimating Composition and Size.**

**Source:** Science 235: 1336-1341, 1987. (Journal Article: 6 pages)

**Abstract:** Although homelessness has been recognized as a serious and growing urban social problem, scientifically acceptable methods for estimating the composition and size of the homeless population have been lacking. In this article, a new research approach for estimating the size and composition of undomiciled urban populations is presented, and its utility is illustrated by a study of homelessness in Chicago. The homeless in this sample are unaffiliated persons living in extreme poverty, with high levels of physical and mental disability. Homelessness is interpreted as a manifestation of extreme poverty among persons without families in housing markets with declining stocks of inexpensive dwelling units suitable for single persons. The study identifies almost one-quarter of the sample as previously hospitalized for mental illness and almost half as currently needing mental health intervention. There were also high levels of alcohol and drug abuse among the subjects.

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**Order #** **12137**

**Authors:** Roy-Byrne, P.P., Sherbourne, C.D., Craske, M.G., Stein, M.B., Katon, W., Sullivan, G., Means-Christensen, A., Bystritsky, A.

**Title:** **Moving Treatment Research From Clinical Trials to the Real World.**

**Source:** Psychiatric Services 54(3): 327-332, 2003. (Journal Article: 6 pages)

**Abstract:** This article describes an approach to designing studies to combine elements from both efficacy and effectiveness research. Their operationalization is illustrated by using the design of an ongoing effectiveness treatment study of panic disorder in primary care. Experts in both efficacy and effectiveness research collaborated to address the methodologic and data collection issues that need to be considered in designing a first-generation effectiveness study. Elements of the overall study design, setting or service delivery context, inclusion and inclusion criteria, recruitment and screening, assessment tools, and intervention modification are discussed to illustrate the thinking behind the rationale for decisions about these different design components (authors).

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**Authors:** Sacks, J.Y., Drake, R.E., Williams, V., Herrell, J. **Order #** **8903**

**Title:** **Utility of the Time Line Follow Back to Assess Substance Use Among Homeless Adults.**

**Source:** Journal of Nervous and Mental Disease, in press. (Unpublished Paper: 21 pages)

**Abstract:** This study examines the test-retest reliability, concurrent validity, and sensitivity to change of the Time-Line Follow-Back interview, a calendar instrument used to assess days and quantities of alcohol use and days of illicit drug use, in the multi-site Collaborative Program to Prevent Homelessness. The Time-Line Follow-Back was reliable for assessing use during the past month and the recent six months. Results from the Time-Line Follow-Back were correlated with other self-reports of use, with research diagnoses of substance use disorder, and with clinician ratings of severity of substance abuse. The Time-Line Follow-Back detected changes in both clients with severe mental illness and those with less severe psychiatric problems. However, severe proscriptions against substance abuse within housing programs may inhibit self-report (authors).

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**Authors:** Salo, M.T. and Campanelli, P.C. **Order #** 2185

**Title:** Ethnographic Methods In The Development Of Census Procedures For Enumerating The Homeless.

**Source:** Urban Anthropology 20(2): 127-140, 1991. (Journal Article: 14 pages)

**Abstract:** The Center for Survey Methods Research at the Census Bureau integrated ethnographic methods with survey procedures for a 1989 pilot test of an experimental daytime count of homeless persons in Baltimore, Maryland. The authors suggest that ethnographic techniques do not have to be merely supplemental to survey research, but can play an integral part in shaping the entire procedure. Ethnographic data was valuable for choosing sites, designing questionnaires, and developing new interview approaches. The data has also been useful in interpreting test results. The authors recommend a much wider use of ethnographic methods and insights in developing surveys, especially when the target populations differ according to race, ethnicity, class, or some other social or cultural dimension (authors).

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**Authors:** Santiago, J.M., Bachrach, L.L., Berren, M.R. and Hannah, M.T. **Order #** 2260

**Title:** Defining the Homeless Mentally Ill: A Methodological Note.

**Source:** Hospital and Community Psychiatry 39(10): 1100-1102, 1988. (Journal Article: 3 pages)

**Abstract:** This article examines changes in the distribution of demographic and treatment variables when one definition of homelessness is substituted for another in an analysis of a sample of individuals receiving emergency psychiatric services at Kino Community Hospital in Pima County, Arizona. The first definition regarded persons as homeless if they were residing on the streets, in automobiles, or in shelters or missions at the time of their emergency room contact. The second definition considered homeless those individuals who, although domiciled at the time of their emergency room contact, had lived in the streets, in automobiles or in shelters or missions at any time during the previous three months. The finding indicate that a 50 percent increase the numbers of homeless occurs when the first definition is substituted with the second. The authors contend that these results clearly provide evidence that a more precise and uniform definition of homelessness is needed (authors).

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**Authors:** Segal, S.P., Silverman, C., Temkin, T. **Order #** 5543

**Title:** Measuring Empowerment in Client-Run Self-Help Agencies.

**Source:** Community Mental Health Journal 31(3): 215-227, 1995. (Journal Article: 13 pages)

**Abstract:** "Empowerment" connotes a process of gaining control over one's life and influencing the organizational and societal structures in which one lives. This article describes a study that defines and validates three measures: the Personal Empowerment Scale, the Organizational Empowerment Scale, and the Extra-Organizational Empowerment Scale. Measurement efforts are based on observational work, baseline interviews and six-month follow-ups in four client-run self-help agencies for persons who have serious mental illness. All three study scales demonstrated strong internal consistency and stability. They were sensitive to user changes over time and have construct validity (authors).

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**Authors:** Shaw, I., Bloor, M., Cormack, R., Williamson, H. **Order #** 5966

**Title:** Estimating the Prevalence of Hard-to-Reach Populations: The Illustration of Mark-Recapture Methods in the Study of Homelessness.

**Source:** Social Policy and Administration 30(1): 69-85, 1996. (Journal Article: 16 pages)

**Abstract:** This article assesses the potential of mark-recapture methods as a relatively powerful innovative research method for estimating the prevalence of "hard-to-reach" human populations in the social welfare field. The development of mark-recapture methods, illustrating some recent applications and reviewing the main methodological and

practical questions raised by the method are outlined. The authors suggest how it might be applied to estimating the prevalence of homeless people in a given geographical region.

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<b>Authors:</b>	Siegel, C., Chambers, E.D., Haugland, G., Bank, R., Aponte, C., McCombs, H.	<b>Order #</b>	<b>8785</b>
<b>Title:</b>	<b>Performance Measures of Cultural Competency in Mental Health Organizations.</b>		
<b>Source:</b>	Administration and Policy in Mental Health 28(2): 91-106, 2000. (Journal Article: 16 pages)		
<b>Abstract:</b>	The authors utilized numerous documents created by advisory groups, expert panels and multicultural focus groups to develop performance measures for assessing the cultural competency of mental health systems. Competency was measured within three levels of organizational structure: administrative, provider network, and individual care-giver. Indicators, measures and data sources for needs assessment, information exchange, services, human resources, plans and policies, and outcomes were identified. Procedures for selection and implementation of the most critical measures are suggested (authors).		

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<b>Authors:</b>	Siegel, C., Haugland, G., Chambers, E.D.	<b>Order #</b>	<b>12003</b>
<b>Title:</b>	<b>Cultural Competency Methodological and Data Strategies to Assess the Quality of Services in Mental Health Systems of Care: A Project to Select and Benchmark Performance Measures of Cultural Competency.</b>		
<b>Source:</b>	Orangeburg, NY: Nathan Kline Institute for Psychiatric Research, 2002. (Report: 89 pages)		
<b>Abstract:</b>	This is the final report of the work of a two-part project to select and benchmark performance measures of cultural competency. The populations of focus are the four major racial/ethnic groups of African American, Hispanic American, Asian American, and American Indian, as it has built on prior work related to these groups. Project participants included representatives from each of these groups. However, the products of the project have been developed to be applicable to all cultural groups. In practice, the cultural competency of a behavioral care organization is exhibited in the ways behavioral health care services are adapted and delivered to meet the unique needs of cultural groups. The importance of cultural patterns, values, strengths and language, as well as the unique situational experiences of members of a culture are recognized, and service approaches based on these variables are modified (authors). AVAILABLE FROM: Nathan Kline Institute for Public Research, 140 Old Orangeburg Road, Orangeburg, NY 10962, (845) 398-5500, <a href="http://www.rfmh.org/nki">www.rfmh.org/nki</a> .		

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<b>Authors:</b>	Smith, G.R., Manderscheid, R.W., Flynn, L.M., Steinwachs, D.M.	<b>Order #</b>	<b>7005</b>
<b>Title:</b>	<b>Principles for Assessment of Patient Outcomes in Mental Health Care.</b>		
<b>Source:</b>	Psychiatric Services 48(8): 1033-1036, 1997. (Journal Article: 4 pages)		
<b>Abstract:</b>	This article describes a set of 12 broadly applicable principles of outcome assessment articulated by the Outcomes Roundtable, a group of mental health consumer, professional, service, and policy-making organizations, for the purpose of developing outcomes management systems. The principles call for outcomes assessments that are appropriate to the question being answered, that use tools with demonstrated validity and reliability and sensitivity to clinically important changes over time, and that always include the consumer perspective. In addition, the principles recommend outcomes assessments that create minimal burden for respondents and are adaptable to different health care systems, that include general health status as well as mental health status, and that include consumers' evaluation of treatment and outcomes. Outcomes assessment tools should quantify the type and extent of treatment, should include generic and disorder-specific information, and should measure areas of personal functioning affected by the disorder. Outcomes should be reassessed at clinically meaningful points in time. Outcomes assessment should use appropriate scientific design and representative samples and should examine outcomes of consumers who prematurely leave treatment as well as those who continue in treatment (authors).		

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**Authors:** Snow, D.A., Anderson, L. and Koegel, P. **Order #** 2418

**Title:** Distorting Tendencies in Research on the Homeless.

**Source:** American Behavioral Scientist 37(4): 461-475, 1994. (Journal Article: 8 pages)

**Abstract:** In this article, the authors review four tendencies in standard cross-sectional survey research of the homeless population that lead to distortion of the findings, including: treating data from a single encounter as indicators of a pattern; uncritical use of psychiatric inventories developed for clinical contexts or standardized on domiciled populations; conducting analysis out of context; and emphasizing the presence of personal pathology among homeless people rather than situational conditions. The authors then propose an alternative approach to the study of homeless people which incorporates longitudinal, contextual and ethnographic data and yields a more balanced understanding of the condition of homelessness.

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**Authors:** Sodowsky, G.R., Taffe, R.C., Gutkin, T.B., Wise, S.L. **Order #** 8863

**Title:** Development of the Multicultural Counseling Inventory: A Self-Report Measure of Multicultural Competencies.

**Source:** Journal of Counseling Psychology 41(2): 137-148, 1994. (Journal Article: 11 pages)

**Abstract:** This article presents the Multicultural Counseling Inventory (MCI), a self-report instrument that measures multicultural counseling competencies. Study 1 comprised 604 psychology students, psychologists, and counselors in a Midwestern state. In Study 2, respondents were a national random sample of 320 university counselors. Instrument analysis included exploratory principal-axis factor analysis with oblique rotation, assessment of factor congruence between the factor structures of the 2 samples. LISREL confirmatory factor analysis to test the relative goodness of fit of 6 competing factor models of the MCI, and tests of internal consistency reliabilities. Results indicated that the MCI has 4 factors: Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge. A higher order, more general multicultural counseling factor is also discussed (authors).

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**Authors:** Sosin, M.R. **Order #** 11644

**Title:** Outcomes and Sample Selection: The Case of a Homelessness and Substance Abuse Intervention.

**Source:** British Journal of Mathematical and Statistical Psychology 55 (1): 63-91, 2002. (Journal Article: 29 pages)

**Abstract:** This article explores ways of correcting for sample selection bias, with advanced correction strategies, focusing on experiments in which clients refuse assignment into treatment conditions. The sample selection modeling strategy, which is highly recommended but seldom applied to random sample psychosocial experiments, and some alternatives are discussed. Data from an experiment on homelessness and substance abuse are used to compare sample selection, conventional control variable, instrumental variable, and propensity score matching correction strategies. The empirical findings suggest that the sample selection modeling strategy provides reliable estimates of the effects of treatment, that it and some other correction strategies are awkward to apply when there is a post-assignment rejection, and that the varying correction strategies provide widely divergent estimates. In light of these findings, researchers might wish to compare estimates across multiple correction strategies (author).

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**Authors:** Sosin, M.R., Bruni, M. **Order #** 8826

**Title:** Personal and Situational Perspectives on Rejection of a Homelessness and Substance Abuse Program: An Exploratory Study.

**Source:** Social Work Research 24(1): 16-27, 2000. (Journal Article: 12 pages)

**Abstract:** This article tests the contribution to rejection of two sets of factors: special personal attributes, which are widely believed to affect homeless clients' motivation or ability to participate in an intervention; and situational factors

(that is, external circumstances), which occasionally are alleged to influence clients' perceptions of the rewards of the services compared to the costs. The results more generally imply that client responses are more fully explained by environmental cues and experiences than by the measured personal deficits. Isolation is the only predictive special personal attribute (authors).

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**Authors:** Staines, G.L., McKendrick, K., Perls, T., Sacks, S., De Leon, G. **Order #** 8396

**Title:** Sequential Assignment and Treatment-as-Usual: Alternatives to Standard Experimental Designs in Field Studies of Treatment Efficacy.

**Source:** Evaluation Review 23(1): 47-76, 1999. (Journal Article: 30 pages)

**Abstract:** Psychosocial treatment research studies encounter obstacles to random assignment (RA). Used together, two procedures offer an alternative to the standard RA design. First, sequential assignment (SA) may create less opposition from administration, staff, and clients. SA operates on the principle that limited bed availability, a common treatment consideration in the field, determines assignment of clients to conditions. Second, treatment-as-usual (TAU) represents an alternative type of control condition. Some clients on the waiting list will, before a slot opens up and they enter an experimental condition, be absorbed into the existing treatment system, in which the amount and type of treatment they receive can vary widely. Substituting SA and TAU for the standard RA design may introduce methodological impurities including certain limited biases. (authors)

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**Authors:** Stevens, L.N. **Order #** 1965

**Title:** Counting the Homeless: Limitations of the 1990 Census Results and Methodology.

**Source:** Washington, DC: United States General Accounting Office, 1991. (Report: 17 pages)

**Abstract:** This report discusses the problems and limitations of the Shelter and Street Night (S-Night) count of the 1990 Census. Limitations include using a nighttime street count instead of a daytime count, missing shelters, an inability to locate street count locations listed by local governments, and local governments' difficulty in identifying nighttime street locations. The author asserts that a once-a-decade census is not the best vehicle for estimating the number of homeless persons, but concludes that through better planning the next census count could be improved. AVAILABLE FROM: U.S. General Accounting Office, 441 G Street, NW, Washington, DC 20548, (202) 512-4800, <http://www.gao.gov>.

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**Authors:** Straw, R.B. **Order #** 3250

**Title:** Looking Behind the Numbers in Counting the Homeless: An Invited Commentary.

**Source:** American Journal of Orthopsychiatry 65(4): 330-333, 1995. (Journal Article: 4 pages)

**Abstract:** In this article, the author discusses some of the criticisms of the Census Bureau's S-Night count, a procedure which attempted to enumerate the homeless shelter population at one point in time. According to the author, although there is little question that significant numbers of street-dwelling homeless people were not counted by the census, a more important issue is the lack of agreement in the field on an appropriate conceptual definition of homelessness.

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**Authors:** Straw, R.B., Herrell, J.M. **Order #** 11693

**Title:** A Framework for Understanding and Improving Multisite Evaluations.

**Source:** New Directions for Evaluation (94): 5-15, 2002. (Journal Article: 11 pages)

**Abstract:** This article discusses definitional and conceptual issues related to multiple site evaluation studies, presents a conceptual framework for understanding such studies, and poses questions for determining the appropriateness of particular types of multiple site evaluations for specific purposes. The authors also provides a framework for developing new ways to improve multisite studies. The article briefly describes the range of evaluation activities

characterized as multisite evaluations and presents a framework for addressing important issues in planning and conducting multisite evaluations (authors).

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**Authors:** Sudman, S., Sirken, M.G. and Cowan, C.D. **Order #** 798

**Title:** Sampling Rare and Elusive Populations.

**Source:** Science 420: 991-995, 1988. (Journal Article: 5 pages)

**Abstract:** The sampling of rare and elusive populations, such as the homeless, is difficult because the costs of locating such populations are substantial and can exceed actual interviewing costs. The authors discuss efficient probability methods that have been developed recently that reduce these costs. If the special populations are geographically clustered, efficient sampling involves the rapid location of segments in which no members of the special population are located with the use of Census data, telephone screening, or incomplete lists. Populations that are not geographically clustered can be located by network sampling and use of large previously gathered samples. The authors conclude that characteristics of mobile populations such as the homeless can be estimated by capture-recapture methods.

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**Authors:** Sullivan, G., Dumenci, L., Burnam, A., Koegel, P. **Order #** 10081

**Title:** Validation of the Brief Instrumental Functioning Scale in a Homeless Population.

**Source:** Psychiatric Services 52(8):1097-1099, 2001. (Journal Article: 3 pages)

**Abstract:** This report describes the psychometric properties of the six-item Brief Instrumental Functioning Scale (BIFS), a self-report questionnaire for measuring instrumental functioning in community populations, and the results of a study to validate the scale among persons who are homeless. The participants in the study were 1,509 homeless persons, of whom 1,077, or 71%, were seriously mentally ill, substance dependent, or both. Confirmatory factor analysis provided evidence for the unidimensionality of the items in the scale. The BIFS had high internal consistency, respectable stability, and reasonable convergent validity. The BIFS is useful for community populations when self-report data on functioning are required. Additional research is needed to develop and validate comparable scales for assessing other domains of functioning (authors).

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**Authors:** Susser, E., Conover, S. and Struening, E.L. **Order #** 620

**Title:** Problems of Epidemiologic Method in Assessing the Type and Extent of Mental Illness Among Homeless Adults.

**Source:** Hospital and Community Psychiatry 40(3): 261-265, 1989. (Journal Article: 5 pages)

**Abstract:** The authors review methodology used to assess mental disorders among homeless adults in surveys done in the United States in the 1980's and discuss the limitations in sampling and measurement of mental illness. They suggest the use of multiple sampling strategies and measures so that results can be compared, and recommend that other research strategies be used to supplement survey research.

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**Authors:** Susser, E., Conover, S. and Struening, E.L. **Order #** 924

**Title:** Mental Illness in the Homeless: Problems of Epidemiologic Method in Surveys of the 1980s.

**Source:** Community Mental Health Journal 26(5): 391-414, 1990. (Journal Article: 24 pages)

**Abstract:** The authors review problems of epidemiologic method in surveys that reported on mental illness in homeless adults in the United States in the 1980s. Surveys included in this review meet two criteria: findings on mental health status and/or psychiatric treatment history had been accepted for publication at the time of the review (1987), and the information reported permits some assessment of sampling and measurement. The authors discuss three areas: (1) sampling, (2) use of comparison groups, and (3) measures of mental health status (authors).

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<b>Authors:</b>	Susser, E.S. and Struening, E.L.	<b>Order #</b>	<b>824</b>
<b>Title:</b>	<b>Diagnosis and Screening for Psychotic Disorders in a Study of the Homeless.</b>		
<b>Source:</b>	Schizophrenia Bulletin 16(1): 133-145, 1990. (Journal Article: 12 pages)		
<b>Abstract:</b>	In a survey of homeless men, the authors found that screening scales for psychotic symptoms (Psychiatric Epidemiology Research Instrument) and signs (6-item scale of observational ratings) predicted a rating of psychosis on a diagnostic interview (Structured Clinical Interview for DSM-III-R: Psychotic Disorders) reasonably well, in a sample where psychosis was common. Although the two scales performed well when used in conjunction, neither scale showed adequate predictive power when used alone. The authors conclude that screening for psychotic disorders in community studies is feasible for some purposes. They suggest approaches to the use of diagnostic interviews and screening scales in future community studies that might enhance the interpretability of results as well as the efficacy of screening (authors).		
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<b>Authors:</b>	Tanzman, B.	<b>Order #</b>	<b>2115</b>
<b>Title:</b>	<b>Researching the Preferences of People With Psychiatric Disabilities For Housing and Support: A Practical Guide.</b>		
<b>Source:</b>	Burlington, VT: Center for Community Change Through Housing and Support, 1993. (Monograph: 165 pages)		
<b>Abstract:</b>	This manual is designed to be a guide for systematically collecting information about the housing, support and service preferences of people with psychiatric disabilities. Using actual studies as case highlights, this monograph provides a discussion of the purposes of gathering preference information, ways in which this information can be collected, and how different groups and systems have made use of preference findings (author). AVAILABLE FROM: Center for Community Change, 1000 Wisconsin Ave NW, Washington, DC 20007, (202) 339-9338, www.communitychange.org.		
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<b>Authors:</b>	Tanzman, B.	<b>Order #</b>	<b>1756</b>
<b>Title:</b>	<b>An Overview of Surveys of Mental Health Consumers' Preferences for Housing and Support Services.</b>		
<b>Source:</b>	Hospital and Community Psychiatry 44(5): 450-455, 1993. (Journal Article: 6 pages)		
<b>Abstract:</b>	The author examined the methodology and results of studies that surveyed mentally ill clients' preferences related to housing and support services to gain an overview of demographic characteristics, current and preferred housing situations, and preferred types of staff supports and social and material supports in a nationally representative sample of clients. Consumers consistently reported that they would prefer to live in their own house or apartment, to live alone or with a spouse or romantic partner, and not to live with other mental health consumers. Consumers reported a strong preference for outreach staff support that is available on call; few respondents wanted to live with staff. Consumers also emphasized the importance of material supports such as money, rent subsidies, telephones, and transportation for successful community living.		
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<b>Authors:</b>	Teague, T.B., Bond G.R., Drake, R.E.	<b>Order #</b>	<b>7404</b>
<b>Title:</b>	<b>Program Fidelity in Assertive Community Treatment: Development and Use of a Measure.</b>		
<b>Source:</b>	American Journal of Orthopsychiatry 68(2): 216-232, 1998. (Journal Article: 17 pages)		
<b>Abstract:</b>	Effective replication of the Assertive Community Treatment (ACT) model and research on critical elements require explicit criteria and measurement. A measure of program fidelity to ACT, the Dartmouth ACT Scale, and the results of its application to 50 ACT-like programs, grouped into four types, are presented in this article. While most of the ACT programs remained generally similar to the model, most differed significantly in at least some criteria. The authors state that these criteria and the overall measure discerned a variety of ACT and ACT-like programs, and also discerned these from conventional programs.		



**Authors:** Tolomiczenko, G.S., Goering, P.N. **Order #** 8758

**Title:** The Process and Politics of Community-Based Research with People Currently Homeless.

**Source:** Psychiatric Rehabilitation Journal 24(1): 46-51, 2000. (Journal Article: 6 pages)

**Abstract:** This article describes the process of designing and conducting a multifaceted project aimed at describing pathways into homelessness in Toronto, Canada. It outlines lessons learned while conducting community-based research on a topic in the midst of increasing political focus and public awareness. The process is broken down chronologically and described sequentially: how the design integrated quantitative and qualitative approaches to data collection; how community stakeholder involvement was introduced early and maintained throughout; how data collection was facilitated; how data were analyzed and presented; and how policy recommendations were generated and disseminated.

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**Order #** 8061

**Authors:** Toro, P.A., Wolfe, S.M., Bellavia, C.W., Thomas, D.M., Rowland, L.L., Daeschler, C.V., McCaskill, P.A.

**Title:** Obtaining Representative Samples of Homeless Persons: A Two-City Study.

**Source:** Journal of Community Psychology 27(2): 157-177, 1999. (Book Chapter: 21 pages)

**Abstract:** In this article, a three-step method for obtaining probability samples of homeless adults across diverse settings over large geographical areas was applied in two cities, Buffalo, N.Y., and Detroit, Mich. Brief surveys (N = 597 in Buffalo + 1,669 in Detroit = 2,266) determined that most homeless people (71-73%) had used a shelter in the prior year and a sizable additional group (18-20%) had used a food program, but not a shelter. Much smaller numbers were found at various in- and out-patient agencies. Less than 1% of the homeless surveyed used no services in the prior year. A profile of the homeless adult population based on samples receiving full-length interviews (N = 420 + 297 = 717) was compared with prior studies using similarly rigorous probability sampling techniques. Relatively few and generally small differences between the samples from the two cities were found, suggesting that inconsistencies across studies are largely due to methodological rather than geographical differences. Similarly, few and small differences were found among participants obtained across different seasons and sampled from different types of sites (authors).

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**Authors:** United States General Accounting Office. **Order #** 249

**Title:** Homeless Mentally Ill: Problems and Options in Estimating Numbers and Trends.

**Source:** Washington, DC: U.S. General Accounting Office, 1988. (Report: 122 pages)

**Abstract:** The plight of homeless men, women, and children is widely seen as a serious national problem. Estimates of the number of homeless persons in the United States range from 250,000 to 3 million. Estimates of the proportion of homeless persons who have mental illnesses vary from 10% to 47%, a range that makes it difficult to allocate resources. At the request of the Chairman of the Senate Labor and Human Resources Committee, the U.S. General Accounting Office (GAO) examined current estimates and developed strategies for arriving at sound estimates of populations and trends (author). AVAILABLE FROM: U.S. General Accounting Office, 441 G Street, NW, Washington, DC 20548, (202) 512-4800, <http://www.gao.gov>.

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**Authors:** United States General Accounting Office. **Order #** 8198

**Title:** Homelessness: State and Local Efforts to Integrate and Evaluate Homeless Assistance Programs.

**Source:** Washington, DC: U.S. General Accounting Office, 1999. (Report: 56 pages)

**Abstract:** To provide greater assistance to homeless people and to meet their complex needs, states and localities are trying to link and integrate homeless assistance programs with mainstream social service systems. Some state and localities are also beginning to use outcome measures to better manage their programs and to help ensure that their

limited resources are being targeted to the most successful programs. This report describes some notable examples of efforts by states and localities to: link and integrate their homeless assistance programs with mainstream systems; and measure and evaluate outcomes for their homeless assistance programs. AVAILABLE FROM: U.S. General Accounting Office, 441 G Street, NW, Washington, DC 20548, (202) 512-4800, <http://www.gao.gov>.

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**Authors:** Waitzkin, H., Williams, R.L., Bock, J.A., McCloskey, J., Willging, C., Wagner, W. **Order #** 11240

**Title:** Safety-Net Institutions Buffer the Impact of Medicaid Managed Care: A Multi-Method Assessment in a Rural State.

**Source:** American Journal of Public Health 92(4): 598-610, 2002. (Journal Article: 13 pages)

**Abstract:** This project used a long-term, multi-method approach to study the impact of Medicaid managed care. Survey techniques measured impacts on individuals, and ethnographic methods assessed effects on safety-net providers in New Mexico. After the first year of Medicaid managed care, uninsured adults reported less access and use and worse barriers to care than adults in other insurance categories. Medicaid children experienced greater access and use and greater communication and satisfaction than children in other insurance categories; uninsured children encountered greater barriers to care. There were no consistent changes in the major outcome variables over the period of transition to Medicaid managed care. Safety-net institutions experienced marked increases in workload and financial stress, especially in rural areas. Availability of mental health services declined sharply. Providers worked to buffer the impact of Medicaid managed care for patients (authors).

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**Authors:** Whaley, A.L. **Order #** 11945

**Title:** Cultural Mistrust and Mental Health Services for African Americans: A Review and Meta-Analysis.

**Source:** The Counseling Psychologist 29(4): 513-531, 2001. (Journal Article: 18 pages)

**Abstract:** In this article, the authors conduct a meta-analysis of the correlations between cultural mistrust in African Americans and their attitudes and behaviors related to mental health service use, comparing them to the correlations between cultural mistrust and measures relevant to other psychosocial domains. The authors also test some methodological hypotheses about the Cultural Mistrust Inventory, the most popular measure of cultural mistrust. The meta-analysis suggests that the negative effects of African American's cultural mistrust in interracial situations are not unique to counseling and psychotherapy but represent a broader perspective (authors).

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**Authors:** WHO Scientific Group. **Order #** 3269

**Title:** Evaluation of Methods for the Treatment of Mental Disorders.

**Source:** Geneva, Switzerland: World Health Organization, 1991. (Book: 75 pages)

**Abstract:** This report of the World Health Organization (WHO) Scientific Group on the Treatment of Psychiatric Disorders establishes criteria that can be used to evaluate the effectiveness of specific psychiatric treatments and to determine when an intervention is suitable for a particular disorder. Addressed to researchers as well as clinicians, the report also offers advice on the many methodological issues that must be considered when investigating the effectiveness of a treatment and comparing the benefits of different treatment options. Throughout the book, emphasis is placed on the need to include changes in the patient's quality of life, as well as changes in psychiatric symptoms in any assessment of treatment outcome (authors). AVAILABLE FROM: World Health Organization Publications Center, USA, 49 Sheridan Avenue, Albany, NY 12210, (518) 436-9686. (COST: \$9.00)

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**Authors:** Widlak, P. A., Greenley, J. R., McKee, D. **Order #** 1946

**Title:** **Validity of Case Manager Reports of Clients' Functioning in the Community: Independent Living, Income, Employment, Family Contact, and Problem Behaviors.**

**Source:** Community Mental Health Journal 28(6): 505-517, 1992. (Journal Article: 13 pages)

**Abstract:** Validity of case manager reports of client functioning in the community was assessed by examining the correspondence between case manager reports and client reports of several widely-used indicators of client well-being, including independent living, income, employment, family contact, and problem behaviors. Effects of how well case managers knew their clients and of using telephone interviews vs. self-administered questionnaires to gather case manager data were also investigated. Data were gathered from 6 case managers and 55 of their seriously mentally ill clients in a rural Wisconsin Community Support Program. Indicators of independent living and employment displayed reasonably good agreement and support the use of case manager reports in research. Indicators of income and problem behaviors produced lower levels of client-case manager agreement at least in part because client reports proved an inadequate criterion for these measures.

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**Authors:** Widlak, P.A., McKee, D., Greenberg, J.R. and Greenley, J.R. **Order #** 2664

**Title:** **An Assessment of Client Function Scales in the Uniform Client Data Instrument (UCDI).**

**Source:** In Spaniol, L. An Introduction to Psychiatric Rehabilitation Columbia, MD: The International Association of Psychosocial Rehabilitation Services, 1994. (Book Chapter: 14 pages)

**Abstract:** This chapter reports the findings of a study that assessed two measures of client functioning from the Uniform Client Data Instrument (UCDI). These two measures of client functioning are the Community Living Skills (CLS) and the Social Activities Scale s. By comparing case managers' answers with answers of their clients on these scales, the authors hoped to learn more about the general adequacy of using case manager reports of clients in research. The results lead the authors to make suggestions for refining the UCDI for future use and for judging what parts of earlier research utilizing these scales are most useful (authors).

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**Authors:** Williams, V.F., Banks, S.M., Robbins, P.C., Oakley, D., Dean, J. **Order #** 11625

**Title:** **Final Report on the Cross-Site Evaluation of the Collaborative Program to Prevent Homelessness.**

**Source:** Delmar, NY: Policy Research Associates, 2001. (Report: 202 pages)

**Abstract:** This report focuses on cross-site evaluation in terms of the cross-site data collection and analysis efforts of the Collaborative Program to Prevent Homelessness (CPPH), an initiative designed to document and evaluate effective homelessness prevention strategies for adults who are formerly homeless or at risk for becoming homeless. The purpose of this report is to describe both the process used for developing the shared methods and measures that comprise the cross-site portion of the program and to summarize the key findings. It is organized into four chapters. Chapter I Provides an overview of the interventions that made up the CPPH, the evolving CMHS/CSAT approach to cross-site evaluations and the organizational structure of the cross-site initiative. Chapter II describes the cross-site methods including the evaluation design, similarities, and differences among the interventions, key outcome domains, instrument development, data collection, and management procedures, as well as the development and application of the cross-site analytic framework. Chapter III describes the key findings and Chapter IV discusses their significance and limitations, as well as recommendations and lessons learned (authors). AVAILABLE FROM: Policy Research Associates, 345 Delaware Avenue, Delmar, NY 12054, (800)444-7415, <http://www.prainc.com>.

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<b>Authors:</b>	Wolff, N.	<b>Order #</b>	<b>8847</b>
<b>Title:</b>	<b>Using Randomized Controlled Trials to Evaluate Socially Complex Services: Problems, Challenges and Recommendations.</b>		
<b>Source:</b>	Journal of Mental Health Policy and Economics 3(2): 97-109, 2000. (Journal Article: 13 pages)		
<b>Abstract:</b>	The article questions whether the simple randomized controlled trial (RCT) paradigm as applied in clinical trials can be used off the rack to evaluate socially complex service (SCS) interventions. The difficulty of ensuring precise protocols, equivalent groups (tied to a meaningful target population) and neutral and equivalent trial environments under real world conditions are explored, as are the implications of not achieving standardization and equivalence. Limitations of effectiveness research as a research tool and information source are examined by comparing the assumptions underpinning the simple RCT to the characteristics of SCS interventions, as illustrated by programs targeted to mentally disordered offenders in Britain. SCSs violate the assumptions underpinning the simple RCT model in ways that draw into sharp question the validity, reliability and generalizability of inferences of SCS trials. Ten recommendations are offered for stylizing the RCT design to the characteristics of socially complex services (author).		
<b>Authors:</b>	Wong, Y.I., Solomon, P.L.	<b>Order #</b>	<b>11804</b>
<b>Title:</b>	<b>Community Integration of Persons with Psychiatric Disabilities in Supportive Independent Housing: A Conceptual Model and Methodological Considerations.</b>		
<b>Source:</b>	Mental Health Services Research 4 (1): 13-27, 2002. (Journal Article: 15 pages)		
<b>Abstract:</b>	This paper proposes a conceptual model of factors influencing community integration that takes into account the differential configuration of housing setting and support structure in supportive independent housing. The conceptual model encompasses a multidimensional conceptualization of community integration and considers an array of housing and service characteristics that are potentially relevant determinants of community integration. On the basis of the proposed model, this paper outlines the methodological considerations for future research with regard to measurement, research designs and statistical models (authors).		
<b>Authors:</b>	Wong, Y.L.I.	<b>Order #</b>	<b>8497</b>
<b>Title:</b>	<b>Measurement Properties of the Center for Epidemiologic Studies--Depression Scale in a Homeless Population.</b>		
<b>Source:</b>	Psychological Assessment 12(1): 69-76, 2000. (Journal Article: 8 pages)		
<b>Abstract:</b>	This article evaluates the measurement properties of the Center for Epidemiologic Studies--Depression Scale (CES-D) in a probability sample of homeless adults residing in a large and demographically diverse community. The findings suggest that CES-D is a reliable measure of depressive symptoms among homeless adults and that the factor structure of the scale replicates the factor structure found in the general population. Change in the CES-D scores was associated with change in residential status, with participants who had made a transition from homelessness to regular domicile, reporting significantly lower depressive symptomatology. This result indicates the scale's sensitivity to current depressive mood, as affected by significant life events encountered by homeless persons (author).		

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**Authors:** World Health Organization. **Order #** 3271

**Title:** **Assessment of Subjective Well-Being: The Subjective Well-Being Inventory (SUBI).**

**Source:** Geneva, Switzerland, World Health Organization, 1992. (Book: 37 pages)

**Abstract:** This book describes the reasons for, and the process of, developing a new instrument to quantify subjective well-being. It points out the need for a thorough conceptual mapping process through "stepwise ethnographic exploration" before proceeding to the establishment of individual items. According to the authors, overall well-being and ill-being have been found to be evaluated independently, but are not entirely uncorrelated. The instrument, Subjective Well-Being Inventory (SUBI) is presented with some instructions for its usage and interpretation (authors). AVAILABLE FROM: WHO Publications Center USA, 49 Sheridan Ave., Albany, NY 12210, (518) 436-9686. (COST: \$5.00)

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**Authors:** Wright, J.D. **Order #** 1895

**Title:** **Methodological Issues in Evaluating the National Health Care for the Homeless Program.**

**Source:** In Rog, D. (ed.) Evaluating Programs for the Homeless (New Directions for Program Evaluation). San Francisco: Jossey Bass 1991. (Book Chapter: 13 pages)

**Abstract:** The national Health Care for the Homeless (HCH) Program was a demonstration project, funded by the Robert Wood Johnson Foundation and the Pew Charitable Trust, which established health clinics for homeless people in 19 large U.S. cities. This chapter reviews the methodological issues that arose in evaluating the HCH program and how they were resolved. The issues raised include barriers to impact assessment, the definition of homelessness, program goals, and moral and political problems (author).

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**Authors:** Wright, J.D. **Order #** 1710

**Title:** **Evaluation Review: A Journal of Applied Social Research.**

**Source:** Newbury Park, CA: Sage Periodicals Press, 1992. (Journal Article: 84 pages)

**Abstract:** The articles contained in this issue are each devoted to counting the homeless, with an emphasis on the U.S. Census Bureau's "S-Night" count of the segments of the homeless population conducted in 1990. The introductory article reviews the design, features, methods, findings, and recommendations that were common to all five studies (conducted in New York, Chicago, Los Angeles, Phoenix, and New Orleans) presented in this special issue focused on counting the homeless.

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**Authors:** Wright, J.D. and Devine, J.A. **Order #** 3249

**Title:** **Housing Dynamics of the Homeless: Implications for a Count.**

**Source:** American Journal of Orthopsychiatry 65(3): 320-329, 1995. (Journal Article: 10 pages)

**Abstract:** In this article, the authors discuss how housing dynamics of homeless persons can have profound implications for any enumeration procedure. According to the authors, homeless people might temporarily "double up" with family or friends and therefore not be counted during an enumeration procedure. Data on 60-day housing histories from a sample of homeless substance abusers in New Orleans, Louisiana show that homeless people spend relatively few nights in locations that would make them potentially countable, no matter how thorough the enumeration procedure.

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<b>Authors:</b>	Wright, J.D., Allen, T.L., Devine, J.A.	<b>Order #</b>	<b>3902</b>
<b>Title:</b>	<b>Tracking Non-Traditional Populations in Longitudinal Studies.</b>		
<b>Source:</b>	Evaluation and Program Planning 18(3): 267-277, 1995. (Journal Article: 10 pages)		
<b>Abstract:</b>	As health services research focuses on prevention and drug treatment programs for special populations, maintaining longitudinal samples at adequate levels over time becomes more important. Differential panel mortality poses a serious threat to the internal validity of experimental designs and the external validity of study conclusions. This paper describes and evaluates methods used to track a panel of 670 homeless substance abusers over three-, six-, and 12-month intervals. Results suggest that a broad-based tracking strategy with emphasis on telephone, mail, and field tracking served to minimize inconsistencies over time and its accompanying methodological problems.		
<b>Authors:</b>	Yin, R.K.	<b>Order #</b>	<b>7204</b>
<b>Title:</b>	<b>Case Study Evaluations: A Decade of Progress?</b>		
<b>Source:</b>	New Directions for Evaluation 76: 69-78, 1997. (Journal Article: 10 pages)		
<b>Abstract:</b>	This article examines the use of the case study method from a historical perspective and comments on the progress, or lack of progress, during the past decade. The author defines the case study method, describes its historical use, and discusses its development in the last ten years. The author concludes that while no distinctive landmark case study has been presented in the past decade, the use of case studies has increased, and conditions and practices have improved.		
<b>Authors:</b>	Zanis, D.A., McLellan, A.T., Cnaan, R.A., Randall, M.	<b>Order #</b>	<b>3408</b>
<b>Title:</b>	<b>Reliability and Validity of the Addiction Severity Index With a Homeless Sample.</b>		
<b>Source:</b>	Journal of Substance Abuse Treatment 11(6): 541-548, 1994. (Journal Article: 8 pages)		
<b>Abstract:</b>	The Addiction Severity Index (ASI) is an instrument widely used to assess the treatment problems of substance users. Its psychometric properties have been tested and found satisfactory for many types of substance abusers entering treatment. However, there are many other subgroups of substance users not in formal treatment, such as homeless substance users. This study examined the reliability and the validity of the ASI in a sample of 98 homeless substance users awaiting temporary housing placement. Test-retest reliability found the ASI to have moderate to high reliability coefficients in each of the seven domains assessed.		
<b>Authors:</b>	Ziglin, A.L.	<b>Order #</b>	<b>5666</b>
<b>Title:</b>	<b>Confidentiality and the Appropriate Uses of Data.</b>		
<b>Source:</b>	Rockville, MD: Center for Mental Health Services, 1995. (Report: 65 pages)		
<b>Abstract:</b>	The focus of this report is to examine confidentiality as it is related to automated data systems. The value and need for data is outlined as well as the balance of data for decision making versus the protection of client rights. Also, the author discusses the appropriate and inappropriate uses of data, and recommendations on assuring the balance is kept, including security, training, regulations, and policy procedures. Complete appendices of methodology, examples of ethical issues, model legislation, and issues of informed consent are included. AVAILABLE FROM: Knowledge Exchange Network, P.O. Box 42490, Washington, DC 20015, (800)789-2647. Washington, DC 20015		